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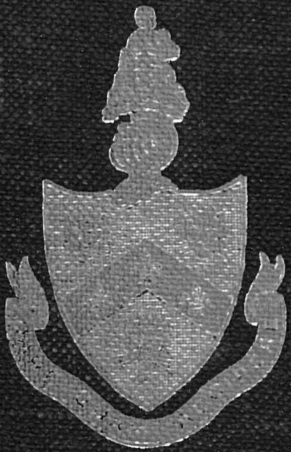

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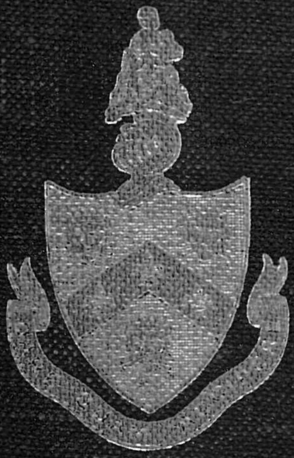

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GUY'S HOSPITAL GAZETTE

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Gazette Office

PASSIM

Haves and Havenots

Despite the supposedly appalling economic condition we are in which necessitated Devaluation and the constant watchfulness of our balance-of-payments situation, England is still, nevertheless, a wealthy country. Educationally and health-wise the people of this island are probably the most richly endowed, although we still have many problems to overcome, specially that of old age.

The rapid development and publicity of so-called spare part surgery, accelerated by the latest manoeuvre of heart transplantation, has brought us face to face with the problems of recipient selection and donor death.

Our research workers have devised mass methods for the control and removal of communicable diseases, infant care techniques have resulted in decreased 1–4 year old mortality. These advances in medical science have certainly diminished the death rate in the West and are rapidly doing so in the poorer countries. As a result of these wondrous health facilities the rich countries are developing an ever-increasing old aged population with degenerative diseases it is unable to cure or control, or even able to provide for in the basic needs of enough food and decent housing. How much more so the problem in an already malnourished, uneducated and ill-housed population?

Indeed, how responsible has medical science been? Keeping alive people who before died of cholera or malaria, only to live half-starved, with little chance of ever improving their lot. We may talk about a lack of economic planning and stop-go growth but of all modern developments, medical science has as yet to face its responsibility of planning ahead for the situations that will arise consequent upon its life saving activities. The myopic attitude of *ad hoc* treatment of the suffering with little thought as to the social problems that may arise as a result of that person's or that population's continued existence, is a situation that calls into question the extent of our education.

In Africa and Latin America, millions of people had less to eat this Christmas than last. The population increased by over 2 per cent, whereas food production fell by 1 per cent. In London recently, the famous French agronomist, Professor René Dumont, forecast that the human race would face the worst famine of its history in about 1980 (in 1959 he forecast the Indian famine of 1966-67).

These calculated predictions as well as similar warnings by many other men interested in the problem of world population and food resources seem to result in little concerted and planned attempts to solve or control what seems like a runaway truck with the world on the trailer apparently doomed to self-destruction by its own stupidity and self-mindedness.

Some attempts on behalf of governments have been made to try and overcome the widening gap between the rich and the poor. Some countries give interest-free loans, or allow preferences for imported goods from the developing countries. But these offerings are more like conscience salvers than anything else. Protectionist measures against agricultural products from the poor countries have increased; synthetic substitutes have caused shrinking markets and lower prices for natural products exported from developing countries; little progress has been made in opening markets in the wealthy world to the infant industries of the poor and economic integration amongst the rich has intensified discrimination against the poor. The virtual stagnation of public aid and the onerous terms of international loans have practically created a situation in which all aid will be required to pay back previous loans.

The responsibility of this situation is on everyone's shoulders, the idiotic idea that it is "their" problem and not "ours" will lead us all, not just them, to destruction. Our small sub-society of medical men play a front line part in this problem in our administrations to the suffering, the long-term problem is ours as much as it is for economists, agronomists, educationalists, etc. Each may act as a pressure group on the governments of our respective countries to make them face the problem realistically—for if they do not the "rich will get richer and the poor will continue to have children" and the seeds of the Third World War will continue to thrive and grow.

'Flu

It usually wakes you up about three in the morning. You have no idea why you have woken, so you peer, terrified, over the sheets expecting to see three black masked villains about to separate your head from your shoulders. About half-a-minute later you are wishing that your head was disconnected from the rest of the body as all the systems, one by one, revolt against the presence of an uninvited virus in their midst. You struggle back into bed, exhausted and wishing that the end of the world was due, just in time to propel yourself to the smallest room again—no more sleep for you. The shivering and the joint pains have, by now, come to the surface and removed all suspicions that this is just the result of your Christmas over-indulgence. Alcohol was never as cruel as this unwanted stranger from Asia.

You take your two aspirins and make yourself the traditional hot drink—and then you are off again. Back in bed you run through the differential diagnosis of joint pains, fearing the worst; only to have your fears removed by a violent attack of colic. Trying to remember the amount of morphia in that famous Chlorodyne, you suddenly recollect that it can also be an emetic, and the little brown bottle is back on the shelf before you can say "Collis Browne". There is nothing for it but to resign yourself to a miserable day, comfort yourself with the thought that it has been in the news as the "24-hour 'flu", and hope that there will not be too many passims to write during the post-'flu depression.

To those of you still suffering—our sympathies.

George Winston

To those who have been library users over or during the past thirty years, Mr. Winston will be well-remembered for his help and pride of the Wills Library, which he cared for so well. We unhappily heard of his death this past week-end and wish his remaining family long life, he will be dearly remembered by all who knew him.

An obituary of Mr. Winston is printed on page 14.

GUY'S DIARY

We offer our congratulations to the following on their appointments:—

Mr. J. D. Ellis, as Consultant Gynaecologist and Obstetrician at the Radcliffe Infirmary, Oxford;

Mr. E. P. W. Tatford, as Consultant Gynaecologist and Obstetrician to the Bromley Group of Hospitals;

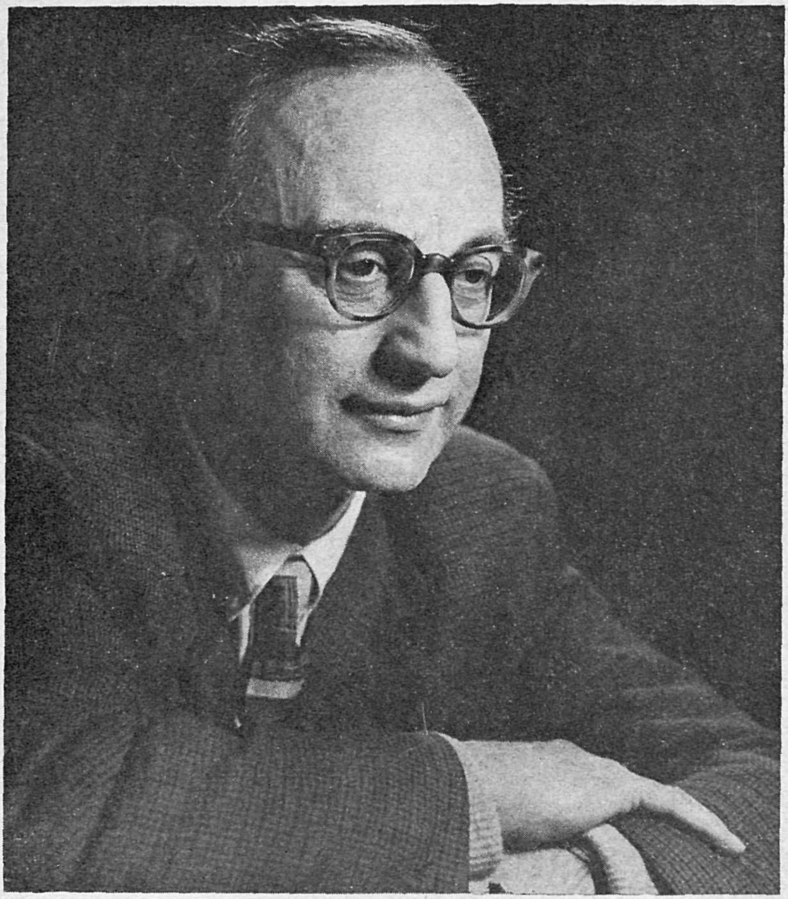
Mr. Alan Yates, as Consultant Thoracic Surgeon to the Sheffield Regional and Sheffield United Hospitals Board;

Dr. N. J. O'Doherty, as Consultant Paediatrician to the West Middlesex and Associated Hospitals.

JANUARY

8th	M.	1.00	Clinical Lecture. Mr. SALMON. "The Glue Ear: A Childhood Problem."
9th	Tu.	1.00	Clinical Lecture. Dr. MANN. "A Pillar of Chalk."
12th	F.	1.00	Clinical Lecture. Dr. HALL. "Some problems of Out-Patient Anaesthesia: Medical and Medico-Legal."
15th	M.	1.00	Clinical Lecture. Dr. BAKER. "Pulmonary Hypertension."
18th	Th.	1.00	Clinical Lecture. Dr. HARDWICK. "Influenza."
19th	F.	1.00	Clinical Lecture. Dr. LEWIS. "Population Control and the Gynaecologist."

An Appreciation



Dr. Louis Forman, M.D., F.R.C.P.

It may surprise even those who know him well, that Dr. Forman has been associated with Guy's for nearly half a century. He entered the Medical School on the 9th September, 1918, at the age of 17, having passed the London Matriculation Examination in the previous year. He completed the first Conjoint in the September and the first M.B. in December 1918. He had a distinguished undergraduate career, and was outstanding during the Clinical period when he was awarded the Golding-Bird Gold Medal and Scholarship in June 1922. He qualified L.R.C.P. and M.R.C.S. in January 1923, and took his final M.B., B.S. in May 1924.

Meanwhile, he had already been appointed Assistant House Surgeon to Sir Alfred Fripp from February to April, 1923, and Out-patient officer for May, June, and July, 1923. He became House Physician to Dr. Fawcett from August, 1923, to January, 1924, and was appointed Medical Registrar from 1924 to 1925. He obtained the M.R.C.P. in 1925 and M.D. London in 1926 during which time he was a general physician at St. Olave's, also spending some time in the Fever Service. He was appointed Chief Clinical Assistant and Registrar to the Skin Department in 1928 and Chief Clinical Assistant to the Actinotherapeutic Department from 1930 to 1932.

He was then appointed to the Staff as Consultant Physician in Diseases of the Skin on Dr. G. B. Dowling's appointment to St. Thomas' Hospital, and had been Physician to the Skin Department until September of 1967. Although due to retire in June 1966, he remained until his successor, Dr. R. S. Wells, could take up his appointment after a year in the Department of Genetics in the Johns Hopkins Hospital, Baltimore.

Dr. Forman was elected F.R.C.P. in 1939. During World War II, Dr. Forman had a busy and varied career. He was responsible for the dermatological patients, both service and civilians, at over a dozen hospitals in the Guy's sector and the South East region, with more than 100 armed service patients under his care at one time. He was also Sub-Dean for Students at Farnborough Hospital, and not only undertook undergraduate teaching in Dermatology, but also in Medicine for several years until teaching gradually returned to Guy's after the war. He combined this with an active interest in the Home Guard, in which he reached the rank of Acting Major, although it seems, by some oversight, he was never commissioned! He gradually relinquished his appointments in the outlying Hospitals as Guy's returned to the Borough, and became Senior Physician in charge of the Dermatological Department on the retirement of Dr. H. W. Barber in 1946, and was in charge when the Health Service was introduced in 1948.

He was a good tennis player and retains his interest in this game, and is a frequent visitor to the Centre Court at Wimbledon.

Dr. Forman is well known and well liked, not only in the United Kingdom, but in the United States and on the Continent where he has many friends. It would be out of place to detail his great qualities, but he is acknowledged as one of the last representatives of the great clinical school of dermatology, which kept Britain in the forefront of World Dermatology, and he prepared the way for the future by encouraging his juniors to work in the special departments of the Medical School, and as a result the majority have obtained consultant posts and some at teaching hospitals.

Dr. Forman is an acute observer and has emphasized the value of careful clinical examination. He also recognized the importance of histopathological examination, particularly in the doubtful case, and his Wednesday afternoon clinics, when slides were discussed, were of great value to post-graduates in particular. He is well liked by his many patients and he always made a point of following them up, for many years, if necessary.

It is becoming increasingly difficult for the younger dermatologists to get the wide range of clinical experiences which physicians of Dr. Forman's generation acquired, and we hope that we will be able to call on his vast experience for many years to come. Dr. Forman has been a charming, indeed endearing, colleague, and I am sure that all those who know him will join us in the Department in wishing him well in his retirement.

His former post-graduate students are contributing papers to an early issue of the British Journal of Clinical Practice which will be a Festschrift in his honour.

E.J.M.

Public Health in North-West Canada

by

Dr. F. J. Covill

Medical Officer of Health, Minburn-Vermilion Health Unit,
Vermilion, Alberta.

Alberta is the most westerly of the prairie Provinces, being separated from the Pacific Ocean by the Rocky Mountains and the Province of British Columbia. Its history as a province dates from 1905. The population amounts to 1.4 millions, of which about two-thirds live in the two large cities of Edmonton and Calgary. As with all developed Western societies there is a rural-urban drift which is tending to denude the rural areas of population and provide urban problems.

Administratively the Province is divided into relatively small rural areas, which were meaningful before modern transportation developed, and these, with the towns, villages, and hamlets provide their own local government. In the matter of public health a number of these municipalities may elect to form a Health Unit. There are 25 such Health Units in Alberta excluding the two large cities—the Health Departments of the cities are similar to Health Units. The area served by a Health Unit ranges up to 26,000 square miles, but most are somewhat smaller, about 5,000 square miles being an average. Population density varies too, from one person per square mile to an average of about six persons per square mile.

Climate in Alberta is continental with a low relative humidity, consequently the temperatures, which in winter may reach - 30° F., to the summer heat of the upper 80's, do not feel so extreme as the thermometric reading might suggest. Roads generally are good, and a visit to an outlying community is not unduly difficult. The summer provides a blue sky with long spells of fine weather suggestive of Northern Italy, while the winters, particularly near the Rocky Mountains, strongly suggest Switzerland.

Administration

The administration of Health Services in Canada is rather different from that in the U.K. There are some differences from Province to Province, but in general terms hospitals are provided by the Province for its residents and patients pay less than the economic cost for using them. Medical services are paid for directly to the physician by the patient or his insurance scheme. The traditional Public Health services are provided free at the time of use and are paid for jointly by the Province and the municipality—the Province receiving a grant from the Federal Government.

The Health Unit is an institution found widely over North America, and Public Health services are provided through it. In the larger cities it may differ in size and organisation but not in concept. Basic staff consists of a M.O.H., a number of Public Health Inspectors, a number of Public Health nurses, a Dental Officer with one or more Dental hygienists and a supporting clerical staff. In some jurisdictions mental health personnel and veterinarians are members of the staff. Where numbers require it additional full-time or part-time Assistant Medical Officers may be employed. Family physicians often carry out pre-school medical examinations.

Certain specialist services are available through the Province to Health Units. These include Provincial Laboratories, the provision of biological supplies, sanitary engineering, the division of Industrial Health and Consultants in Venereal Diseases, Tuberculosis, Epidemiology, Dental Services, Health Education, Child and Maternal Health, and Mental Health. The M.O.H. can obtain advice, or visits from members of the specialist disciplines as progress, or necessity demands.

Services

The Services provided by a Health Unit vary. Basic services include:—

The control of Communicable Diseases by
  Immunisation;
  The detection and control of sources of infection;
  Advice regarding quarantine and isolation;
  Services of the Medical Officer as consultant in communicable disease to practising physicians.
The Health Unit is
  The centre for sera and toxoids;
  Tuberculosis control;
  Sanitation;
  Pre-natal services;
  Post-natal services;
  School Health Service;
  Mental Health Service;
  Dental Service;
  Nutrition;
  Health Education.

Some of the services may be rather sketchy in some areas. The Mental Health Service might be little more than a child guidance clinic held at intervals of three months or so; on the other hand, the larger and most progressive units have organised diabetic drives, multiple screening programmes, home care, geriatric services and family planning. The latter is illegal under the criminal code of Canada, but this appears to have been ignored by all parties in recent years.

Personnel

As in the U.K., well-baby counselling and well-baby clinics are held; these are permissive services. Travelling teams serve rural areas using schools, church halls, and premises used by family physicians. The Public Health Nurse is the worker on whom most personal service is based. It is she who can visit the hospital to make the acquaintance of the new mother and her baby; the nurse counsels the mother, follows her up at the well-baby clinic, tests the urine in diapers for evidence of phenylketonuria, immunises the infant and toddler and follows them on to the school. Pre-school children are inspected by the Public Health Nurse and they are followed through school, recall doses of immunising agents being administered at appropriate intervals. Medical problems with which the nurse feels she is unable to deal are referred to the Medical Officer.

Environmental control is exercised by the Public Health Inspector, samples of municipal water supplies are collected for testing at intervals, and new wells need to be tested for safety and potability. In some districts only 30 per cent of residents have a municipal water supply, the remainder use personal wells. Occasionally high nitrate and nitrite contents are found; routine sampling is made when the Health Unit is informed that a baby is to be born shortly. Well water cyanosis can still occur. The Public Health Inspector is also responsible for sewage disposal, garbage disposal, milk supplies, meat and other foods, restaurants and other eating places, barbers' shops and beauty salons.

The dental programme is little more than educational. This is not for lack of awareness of the need, but for lack of personnel. Canada has a ratio of one dental surgeon to more than 2,000 people; in Alberta the ratio is one to 3,000. Dental hygienists are employed by Health Units and are able to take 3-year to 6-year-olds to provide dental hygiene counselling, cleaning and scaling where necessary, and the application of topical fluorides. Fluoride tablets are provided without charge by the Health Unit. It will be appreciated that where 60 per cent to 70 per cent of families have personal wells to provide their water, the fluoridation of municipal water supplies would not meet the entire need.

Shortage of personnel more than shortage of funds or ideas often militates against a programme. Canada in common with most European countries feels she needs more trained staff in the medical discipline, her own training resources are inadequate to meet the current demands. Need to some extent is being matched by immigration, but the brain drain to U.S.A. is felt rather more severely on this side of the Atlantic. In spite of efforts to increase Canadian training facilities a recent Royal Commission report suggests that no improvement in ratios of medical service personnel to population is likely over the next 15 years. Our immigration, emigration, and natural increase with regard to trained personnel and population seems to have reached equilibrium!

The philosophy and expectation of the people breeds a sturdy independence; the physical and moral toughness required to maintain a frontier life occasionally leads to delay in exploiting the advantages which this immeasurably rich and vital country can afford. This is noticeable in the variability and content of the programmes available in Public Health, and in Social Welfare. Nevertheless a new spirit is abroad and each year sees a new development. The situation is extremely challenging and worthy of the endeavours of any physician, dentist, or nurse seeking to make a career in Public Health.

NOTICES

Guy's 59 Club

The next Dinner of the 59 Club will be held at 7 p.m. on Saturday, 2nd March, 1968, at "The Old Miller of Mansfield". Members will be notified of the details, individually, early in the New Year.

R. H. S. Mindham, Hon. Secretary, Bethlem Royal Hospital, Beckenham, Kent.

Annual Dental Clinical Meeting

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 2nd March, 1968, and the Dental Society Dinner will be held in the evening. A résumé of the programme will be published in the "Gazette" on the 17th February, 1968.

The Theatre Club

A meeting of the Theatre Club will take place in the Committee Room in the East Wing at 12.30 p.m. on Tuesday, 9th January. Anyone wishing to put himself forward as a producer for next term is invited to attend and to bring along the play that he, or she, wishes to produce.

The Rose Ball

The Rose Ball will take place on Friday, 19th January, at the Savoy Hotel. It would be of the greatest assistance to the organisers if those intending to join in the festivities would send their application for tickets (and their cheques) to those named on the posters, by January 11th at the latest.

QUIZETTE : Psychiatry

1. In schizophrenia :
(a) hallucinations are common; (b) there is a markedly raised incidence of epilepsy; (c) suicidal risk can be discounted (d) there is usually a strongly positive family history; (e) first attack is often lastingly cured.

2. In post-operative confusional state :
(a) there is usually disorientation in time; (b) patients may feel persecuted by nurses; (c) especially common after cardiac surgery; (d) hallucinations are common; (e) best drug treatment is paraldehyde.

3. Suicide :
(a) Rates increase steadily with age; (b) commoner in men than women; (c) is never carried out after previous foiled attempt; (d) high rate in doctors; (e) attempted suicide is a crime.

4. Loss of memory :
(a) may be hysterical; (b) may be malingering; (c) may be post-epileptic state; (d) common in schizophrenia; (e) treated with L.S.D.

5. Depression :
(a) main complaint may be poor concentration; (b) usually weight gain; (c) usually constipation; (d) a cause of mothers committing infanticide; (e) drug of choice is often Amitryptiline.

6. Anxiety states :
(a) Do not occur in children; (b) not found in the unintelligent; (c) can mimic thyrotoxicosis; (d) psychotherapy not indicated; (e) relaxation under hypnosis is helpful.

7. Impairment of mental functions is an important early sign in :
(a) pernicious anaemia; (b) myxoedema; (c) cerebral tumour; (d) porphyria; (e) G.P.I.

8. The following conditions may cause a "symptomatic" schizophrenia;
(a) glaucoma; (b) cerebral berry aneurysm; (c) amphetamine addiction; (d) temporal lobe epilepsy; (e) puerperium.

9. Alcoholism :
(a) is in law a sufficient cause for unwilling detention in hospital; (b) may result in dementia; (c) carries a high suicide risk; (d) Alcoholics Anonymous is never suggested by reputable doctors; (e) the drug "Antabuse" is used.

10. E.C.T.
(a) is valuable for treating hysterical aphonia; (b) sometimes used for schizophrenia; (c) valuable for severe depressive illness; (d) causes permanent memory impairment; (e) dangerous in epileptics.

11. Enuresis in children :
(a) underlying physical anomalies are sometimes found; (b) emotional disorder always present; (c) treatment with electric shock aversion helps; (d) treatment with electric warning bell helps; (e) treatment with Imipramine helps.

12. Mental subnormality :
(a) phenylketonuria is treatable; (b) most subnormals' parents are subnormal; (c) commonly associated with severe epilepsy; (d) cretinism is treatable; (e) mongolism is treatable.

Answers on Page 13.

Mycology in the Dermatology Department

1966-1967

by

Julian L. Verbov

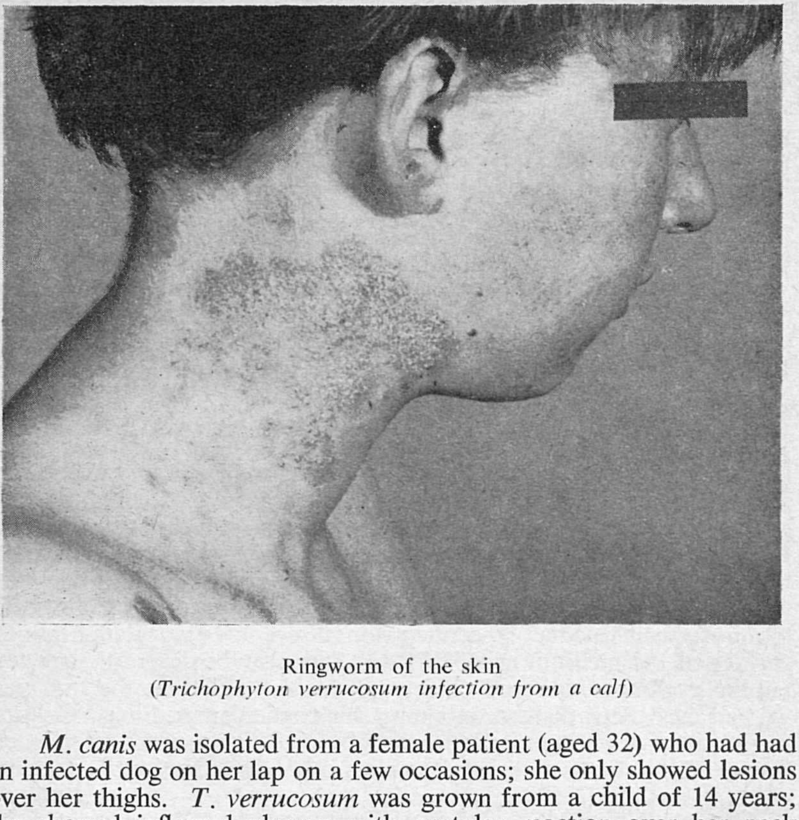
Fungous infections are not uncommon but are important to recognise and treat. The following is an account of the fungi grown from various sites of infection during the period October 1966—September 1967.

Material and Method

Scrapings were taken as a routine from patients with suspected fungous infection and examined for fungal elements (hyphae and spores). During the year, 133 specimens from 114 patients were cultured. Cases of *Tinea versicolor,*. a commonly occurring superficial fungous infection considered to be due to *Malassezia furfur,* have not been included because although the fungous is easily demonstrated when scales are examined in potassium hydroxide, culture of the scales requires special media. Specimens for culture were inoculated into the surface of the medium used; this was Sabouraud's dextrose agar containing cycloheximide and chloramphenicol. This was the first year we had used Petri dishes containing this particular medium. Cultures were kept at room temperature and observed three weeks after inoculation. All patients were adults unless otherwise mentioned.

Results. Fungi grown were as follows:—

	No. of specimens	*No. of patients*	*Site(s)*
1. *Microsporum canis*	1	1	Thigh (1F)
2. (a) *Trichophyton rubrum*	5	4	Toe nail (1M, 1F) Finger nail (1F) Palm (1F) Dorsum hand (1M)
(b) *T. mentagrophytes var. interdigitale*	3	3	Toe nail (1M, 1F) Toe space (1M)
(c) *T. verrucosum*	1	1	Neck (1F-child)
3. *Candida albicans*	30	24	Angle of mouth (4M, 1F) Finger nail (5F) Toe nail (2M, 2F) Toe space (2M, 1F) Tongue (2M, 1F) Palate (2M, 1F) Denture (2F) Hand (1F) Lip (1F) Neck (1M-infant) Groin (1M) Perineum (1M)
4. Other *Candida* species			
(a) *C. Krusei*	3	3	Toe nail (1M) Finger nail (1 M. 1F)
(b) Not identified	4	4	Finger nail (4F)
5. *Scopulariopsis brevicaulis*	2	1	Toe nail (1F) Toe space (1F)



Ringworm of the skin
(*Trichophyton verrucosum infection from a calf*)

M. canis was isolated from a female patient (aged 32) who had had an infected dog on her lap on a few occasions; she only showed lesions over her thighs. *T. verrucosum* was grown from a child of 14 years; she showed inflamed plaques with pustular reaction over her neck (see figure) and had acquired the infection from contact with an infected calf during the summer of 1966. The infant of a few weeks old from whose neck we cultured *C. albicans* was debilitated and seen post-operatively. Oral candidosis was found on a number of occasions usually in people wearing dentures.

Scopulariopsis brevicaulis was grown from one female patient (aged 50); only the big toe nails and first toe spaces were infected and the nails showed some thickening and brownish-yellow discoloration. *Scopulariopsis* is usually present as a contaminant only but it was thought to be pathogenic in this case.

No growth (or contaminants only) occurred in 84 cultures. 12 patients had positive scrapings yet yielded no growth on culture (toe nail (4 patients), toe space (2), angle of mouth (1), axilla (1), knee (1), sole (1), thigh (1), tongue (1).) Two of these patients yielded fungal growth on repeat cultures viz. *M. canis* (from thigh) and *T. rubrum* (from toe nail). Nine patients had negative scrapings yet grew fungus on culture viz. *C. albicans* (6 patients—finger nail (3), palate (1), toe space (1), groin (1));

T. mentagrophytes var. interdigitale (2 patients—toe nail (2).); *S. brevicaulis* 1 patient—toe nail).

Discussion

The finding of *T. rubrum* and *T. mentagrophytes var. interdigitale* was expected because *T. rubrum* is the usual cause of nail ringworm (tinea unguium) and *T. mentagrophytes var. interdigitale* is the commonest cause of foot ringworm (tinea pedis) in this country. The finding of positive scrapings yet lack of growth on culture is of interest and Davies *et al.* (1967) mentioned their inability to grow fungus from nails in some of their patients in spite of the presence of mycelium in potassium hydroxide preparations. Where species of *Candida* other than *C. albicans* were grown patients were usually treated with nystatin or amphotericin B in view of the fact that these species are sometimes pathogenic.

Summary

The mycology record of the Department of Dermatology over the period of a year is described.

I should like to thank Dr. E. J. Moynahan for his encouragement and Dr. L. Forman for stimulating my interest in mycology.

REFERENCE

Davies, R. R., Everall, J. D., Hamilton, E. *Brit. Med. J.* (1967) 3, 464.

QUIZETTE ANSWERS

1. **(a), (d), (e).**
Suicide is not rare in schizophrenia.

2. **(a), (b), (c), (d).**
Paraldehyde is harmful intramuscularly, and a better therapy orally or by injection is with promazine ("Sparine")

3. **(a), (b), (d).**
(c) is dangerously untrue—people who make attempts and gestures are known to have a higher suicide rate on follow-up.

4. **(a), (b), (c).**

5. **(a), (c), (d), (e).**
Weight is lost.

6. **(c), (e).**
Intelligence is irrelevant. Some psychotherapy is always required.

7 **(a), (b), (c), (d), (e).**
All must be borne in mind as possible underlying disorders in psychiatric patients.

8. **(c), (d), (e).**

9. **(b), (c), (e).**
There is no legal provision for the treatment of an alcoholic who is unwilling to be admitted. A.A. may be of considerable help.

10. **(b), (c).**
The mild memory impairment is temporary. Electric treatment is safe in epileptics (and, incidentally, in pregnancy).

11. **(a), (d), (e).**
(b) is controversial.

12. **(a), (c), (d).**
The treatment of phenylketonuria and cretinism is only successful if started at or soon after birth. Most subnormals' parents are people of low-average but subnormal intelligence.

Compiled by Andrew C. Smith.

OBITUARY:

George Winston

Generations of Guy's men will be saddened by the news of the death of George Winston on December 31st.

G. A. R. (George) Winston came to Guy's as Wills Librarian in 1920, after six years in the Royal Marines, with whom he saw service in France, the Dardanelles, on Atlantic convoys, and in Russia.

The Library needed a good deal of attention, and over the next ten years he reorganized and catalogued it.

In 1930 he left Guy's to be librarian of the Faculty of Science Library at Cairo University. After three years he returned to England. The position of Wills Librarian was vacant, and he returned to Guy's, where he remained for twenty-nine years, retiring in September 1962.

At the outbreak of war in 1939 he was responsible for the evacuation of the historical collection and other valuable books to Wales. The transfer of teaching out of London necessitated the establishment of libraries in the base hospitals and their regular supply of new books. For much of this time Mr. Winston was single-handed. Despite this, he found time to train sea cadets and was Commanding Officer of the Deptford Unit. After the war, the subsequent restoration of the library to post-war conditions had to be faced.

The care of the museum of antiquities, formerly in the library and later in the Gordon Museum was a task he gladly undertook, and he wrote a short biography of Joseph Town for the *Guy's Hospital Gazette*, as well as a study of Keats as a medical student. For thirty years he acted as business manager for the *Guy's Hospital Reports* and contributed Papers by Guy's Men to the *Gazette* for many years.

But George Winston was much more than a librarian. He took a tremendous interest in the sports activities of the students. A keen player of games himself, he excelled in lawn tennis, winning the Fawcett Challenge Cup (singles and mixed doubles) on four occasions. He played soccer for the Employees' Association, and, on occasion, for the Hospital. For many years he was the Fixture Secretary of the Rugby Club, and could always be seen at Honor Oak Park supporting the club. Amateur boxing was another of his interests, and he was well known as a referee. The tournaments he organized for the Guy's Club were memorable evenings.

For thirty-nine years he was Wills Librarian, serving his hospital faithfully in the tradition of the older generations—a tradition which has been one of Guy's blessings. With his brother, Jack, he was a familiar figure to generations of Guy's men, and the length of the combined services of the two brothers (nearly eighty years) must be rare indeed.

To his daughters we express our deepest sympathy.

Anatomy Department Open Day

In the everyday experience of most students, the Anatomy Department takes in the dissection room and the histology lab., with an occasional, unnerving expedition to other places where ten minutes' questioning is parried with five minutes' knowledge. On Tuesday, 12th December, however, the staff were ready to answer questions on their research. Seventeen different exhibitions and demonstrations were arranged in various parts of the department, and groups of pre-clinical students made their way from one to the other between 10 and 1 on Tuesday morning. It is, perhaps, a compliment to the staying power of staff and students that both were nearly as bright and interesting at the end of the morning as they were at the beginning. Student interest was undoubtedly maintained by the great variety of the work that was presented, ranging through a T.V. rehearsal in the new closed circuit T.V. teaching unit, and demonstrations of E.M. techniques to measurement of changes in skeletal blood volume during hypothermia, the functional anatomy of the nerve and tissue regeneration experiments. It would clearly be unwise to attempt a summary, in seventeen neat little paragraphs, of all that we saw. Two topics, however, struck me as being important and interesting for future developments in medicine and science in general.

ULTRASONICS

The first of these was the work being carried out in the ultrasonics laboratory by Mr. J. Pond and Mr. C. Connelly on the diagnostic, therapeutic and surgical uses of ultrasound. There are few successful labs. of this kind in the world, and the one at Guy's is unique in Europe. The generator, if that is the proper term, is the most powerful in the world. In therapeutic and surgical work, it seems that the "dose" administered is of critical importance, low power doses increasing the rate of cellular division, whilst a high wattage is needed to destroy malignant tumours. It is in this latter field that Mr. Pond and Mr. Connelly, together with Dr. K. Taylor, hope to make significant contributions. Pilot experiments carried out by Dr. Taylor on malignant tumours in rats have shown that high wattage ultrasonic irradication cause the tumours to regress. The work is now being repeated. This introduction to ultrasonics, though brief, pointed clearly to the routine use of ultrasonics in our future careers.

ORDERED RANDOMNESS

An anatomy department may seem an unlikely place to find a man who has made a special study of the way in which ancient mosaics are built up, and who has used his findings to confirm mathematical predictions about the non-randomness of randomness, but this is just what we found when we met Mr. R. Moore. He is actually developing a mathematical method for the study of the aggregation of particles of varying shapes and sizes, and in the course of his work found that random aggregations do arrange themselves in predictable patterns—that is, he has found a predictable order in randomness. He is at present developing a machine to test his predictions with reference to random bombardment by cosmic rays. The application of this work to cytoarchitectonics is apparent, but the more fundamental question of the reality of randomness is one which raises exciting questions for the mathematician and the philosopher as well as the biologist.

The open day owes its success to the hard work and patience of the staff. To them, and to Professor Warwick, we offer sincere thanks for a stimulating day. We are now convinced that not all anatomy has been revealed for all ages in Gray's.

MAX PRICE.

REVIEW:

The Return of the Christmas Show

After the cancellation of last year's Christmas Show it was realised that the time had come to alter the character of this annual festivity. Those who saw the 1967 Christmas Show will all agree that it was different, and, I feel sure, that it has changed for the better. In place of the rather ragged collection of individual acts that have formed the show in recent years, we saw a cast of nine persons, most of them taking three or four roles, combining together to give a very polished hour-long show.

There were three performances, one on Christmas day, and the other two on Boxing Day. They took place in the Physiology Theatre on the Theatre Club stage which had been left up for this purpose, and upon which a very decorative set had been erected—complete with Christmas Tree.

The curtain opened to reveal the whole cast on the stage (thus ensuring a smooth continuity) singing the specially written opening number. This was followed by "Tick-Tock", by the end of which the cast had most of the audience eating out of their hands and eager for more. Music and more comedy followed in gay profusion. Mr. Peter Inward and his band maintained the very high standard that we have learnt to expect from them in the Jazz interludes, and on Boxing Day we had the added attraction of listening to the singing of Miss Mary Noname.

Other musical items were two songs from John Froude, a Bach Prelude, played by John Sargent, with rhythm accompaniment, and the improbable sight of Russell Cowan as a tap-dancer. Two other musical highlights were "We Three", or the "-ity, -ity" song, and the singing of "Night time in Bermondsey" by the whole audience.

The comedy numbers were performed by all members of the cast from time to time, and to avoid a catalogue of acts, perhaps I might pick out one or two for especial mention. Mr. Seal gave another of his inconsequential fables about the hedgehog with long legs, and a brief talk on the advantages of using dehydrated foods . . . "you see they're very small". Mr. Cowan was afflicted with the desire to fill every possible spare moment with more or less relevant limericks, and also exhorted us to return to our Socialist philosophies, taking the opportunity to wish a merry Christmas to his friends in the Ballspond Road.

The audience joined very gamely in a game of Pass-the-Parcel, but if this review is to pass the censor, I shall have to leave it up to you to find out what the prizes were—and what it was suggested should be done with them! I hope that the three prize-winners are feeling better for their Christmas-time medication.

After singing the "Guy's Anthem—Night time in Bermondsey", and a reprise of the opening song, the curtain closed to enthusiastic applause.

"A good Christmas Show" was the unanimous verdict, and our thanks must go to Andrew Seal for arranging the whole thing, and to all those who took part and enjoyed it at least as much as their audiences. It is to be hoped that next year the same standard will be maintained, and that the audiences will be even bigger.

Music	*Comedy*
Peter Inward—piano and bass guitar	Andrew Seal
John Sargent—piano and guitar	Russell Cowan
Charles West—piano	Peter Inward
John Wright—saxophone	Sarah Lange
Tony Godson—drums	John Sargent
John Froude—guitar	John Froude
Mary Noname—vocalist	Mary Noname

P.D.

CORRESPONDENCE

Book Lifting

SIR,—The Wills Librarian says he would welcome suggestions about the loss of books from the library; here is one.

I believe that the only solution is a system of checking at random readers as they leave the library, backed up by penalties which hurt. This system operates in the Radcliffe Science Library in Oxford, of which I have personal experience. A library assistant, working at a desk at the entrance, is authorised to ask any reader to show the contents of his bag or briefcase. On at least one occasion in my memory, an undergraduate was fined, "sent down" for part of a term and suspended from using the library. This was publicised (without names) so we all knew the system had "teeth", and would think twice before removing a book—(the library is for reference only).

Consequently, one rarely failed to find a standard textbook or any other book one wished to consult. On arriving at Guy's, I soon discovered that the Will's Library was all but useless to me. (I cannot speak for the preclinical sections.) I expected to find, in a hospital of this size, at least two copies of the latest editions of the standard textbooks in the reference section.

There should be no difficulty in operating the "police" system in the daytime—there is already a desk by the door where one librarian could work. In the evening a student is on duty, but he is not going to report on his fellows. Would it not be a sound investment to employ disinterested parties (not necessarily librarians) in the evening also, when, I would guess, most of the books disappear? The Library must have lost hundreds of pounds in this way.

A more vigorous attitude than that expressed in the Librarians' letter will have to be adopted if the Wills Library is to be of practical use to undergraduates.

Yours, etc.,

MICHAEL COE

East Wing,
Guy's Hospital, London, S.E.1.

H.O.P. Face-lift

SIR,—I have been requested by a number of people to clarify one or two points about the pavilion at Honor Oak Park. We have had a generous contribution by an ex-Guy's man suggesting that an appeal be launched for the rebuilding of the pavilion. This has been added to the rebuilding fund. However, the School feels that the primary needs are for a students' hostel and that any rebuilding of the sports pavilion will have to wait for the time being. Therefore I cannot visualise any rebuilding of the pavilion in the near future.

Because of this, the Council have felt that a capital expenditure is justifiable to improve the facilities in the pavilion. Estimates have been obtained for radical changes in the lavatory facilities on the ground floor. Also work should commence soon on re-flooring the changing rooms.

Detailed architects' plans have been drawn up for the alterations to the bar, and it is hoped that work will start on this project at the end of the winter season.

The Clubs' Union apologises for any inconvenience that these alterations will cause, but it is hoped that the work will be finished by the start of the next academic year.

Yours, etc.,

B. A. ROSS,
Hon. Sec., Clubs' Union

Medical School,
Guy's Hospital,
London Bridge, S.E.1.

Our Compassion

SIR,—It is axiomatic that a sense of vocation should be the only motive for entering the medical profession. Nonetheless, Mr. Pitts' letter is disturbing since it raises the hoary chestnut that vocation must be equated with low pay. One only has to state this argument for its absurdity to become apparent. Does Mr. Pitts suggest that the consultant who earns more than a houseman is thereby less dedicated?

There is a confusion of thought in that reward is seen as impure. The duty to provide for one's family is no less than the duty to give to one's profession. To suggest otherwise is to take advantage of doctors and nurses: this, Sir, is an attitude I find misguided.

Yours, etc.,

WILLIAM FRANKLIN

8 Lyall Mews,
London, S.W.1.

SIR,—The views expressed recently by Mr. Cobell in his piece "Our Compassion", far from displaying any form of "muddled thinking" or lack of vocation as his critics rush to judge him, reveals an honest, if not completely lucid attempt to grapple with some problems of the contemporary medical world.

The urge to help one another is natural. This is only thwarted when we are taught to discriminate between who is "deserving" and who is not. Until we cease to pidgeon-hole people in this way, such as our attitude towards doctors or dockers (where despite strikes one earns four times as much as much as the other) our common humanity will be strangled.

Yours, etc.,

JOHN HUGHES

48, Gilbey Road,
Tooting,
London, S.W.17.

Residents' Bar Abused

SIR,—May we, through the courtesy of your columns, draw attention to the abuse of the Residents' Bar which occurs from time to time. Recently, various people have availed themselves of the Bar facilities who are not entitled to do so.

The Residents' Bar is open for the pleasure of the resident and junior medical staff of the hospital and their guests. It is not a public bar with unlimited opening hours, for use by other members of the hospital, when the local pubs are closed, or when some function, such as a ball or hop, has run dry.

The Residents would be grateful, therefore, if those whose custom it is to frequent the Bar and poach our beer would cease to do so. Furthermore, the financial position of the Residents' Fund is such that we simply cannot afford to entertain uninvited guests—even if we so wished.

Yours, etc.,

J. F. SEARLE,
President of the Residents.
J. L. WILLIAMS,
Treasurer.

East Wing,
Guy's Hospital, London, S.E.1.

Sir Adolphe Abrahams

SIR,—The recent death of Sir Adolphe Abrahams and his obituaries brought back to my memory, with some nostalgia, my student days at Guy's in the early thirties. Sir Adolphe, always immaculate in morning dress and, I think, wearing a monocle, was a regular attendant at Sir Arthur Hursts's combined rounds in the then Mary ward. To us students, with no disrespect, these two provided great entertainment, though I am sure we also learnt a lot from them as well.

This led me to recall my other teachers, starting with the incomparable T. J. Evans in Biology. Then Professor Pembrey in Physiology with his repeated insistence that "one man's meat is another man's poison" and that "all things work together for the good" which has never ceased to be of comfort to me in the ups and downs of thirty years' general practice.

To follow on, Sir Rowan Boland in the pre-Clinical period, Professor John Ryle and Professor Leslie Witts in medicine, Professor Keith Simpson in pathology and surely the greatest teacher of all, Lord Brock, then a Registrar, in Surgery. Who can forget the number of times we had to treat Lady Houston's favourite niece for a variety of surgical conditions, often in the most unlikely places, such as the Sahara. I wonder when she eventually succumbed, surely from a medical rather than a surgical condition.

The Obstetricians must not be omitted. Suffice it to say that my term as R.O. in 1937, and incidentally the last District R.O. as a separate entity, was the happiest time of all so far as I was concerned.

Yours, etc.,

J. A. J. HAMMOND

Frenshams,
Conghurst Lane,
Four Throws,
Hawkhurst, Kent.

Addisonian Crises

SIR,—I beg most respectfully to bring the following to your notice, concerning the exhibition in the Gordon Museum of those four famous Guy's men: Bright, Hodgkin, Gull, and Addison.

For each one, there is a short biographical note, some specimens relating to the disease he discovered, and post-mortem notes on a patient who suffered from the disease. At least, this is true for the sections devoted to Bright, Hodgkin, and Gull, but not for Addison. The post-mortem notes in the Green Inspection Book do not show that the patient suffered from Addison's disease, though it is true that he was admitted under Dr. Addison.

Looking at the colour of the open pages of that Green Inspection Book, one wonders how long the book has been opened at this page. Would it not have been more appropriate to show the post-mortem notes of a patient who suffered from Addison's disease?

Yours, etc.,

RASHID AUMEERALLY

East Wing.

Obiter Dictum

Sister to little boy in Caleb. "Did you pass water when you went out to the toilet just now?"

"No Sister, I didn't see him."

NURSING SECTION

Once More It's All Over . . .

Once more it's all over—Christmas preparations; Christmas itself; the old year passing . . .

How is all this going to affect those who spend a great deal of their professional time saying goodbye? What can we look forward to? Is nursing going to be any easier during 1968?

Staffing should be less of a problem as there will be no more of the sets of nurses left who started at Guy's prior to the implementation of the 1962 syllabus. They will all be following the same pattern of training and there will be no more gaps caused by the necessity of two sets being on holiday at the same time. Internal rotation of night duty will be implemented for all nurses leading to much more stability and continuation for both patients and nurses.

Examination results should be more encouraging as the candidates who will be entering for their State finals will know what they are up against, and will seek more help from the trained staff in the practical aspects of their training.

Changes in the building establishment of Guy's should be well under way, and the time is not so far distant when a good number of us will be working in entirely new surroundings. This, however, will no doubt mean that the noise and dust and dirt will inevitably be constant companions during the next two or three years.

Our profession itself changes constantly, and there will be many new types of nursing procedures to keep in step with the medical and surgical advances. We hope that many of the patients to whom we could offer little help in the past will now have greater chances of recovery.

Perhaps we will have male students amongst our staff in training. Men are now choosing nursing and are being accepted with no appearance of reluctance by the young women members of a profession which is becoming stretched to its full capacity.

Who knows but that nursing may be broken up into two divisions. One such division being for nurses who have acquired a more advanced training and qualification than those who will be trained to spend their time carrying out personal tasks for the patient.

There is nothing but interest ahead for nurses, and there is every reason to think that 1968 will be one of the most exciting years. Best wishes and good luck to those who will be nursing and starting as nurses in the New Year.

MUSIC

GUY'S HOSPITAL MUSIC CONCERT

SOUTHWARK, DECEMBER 7th, 1967

Southwark Cathedral is fast becoming quite a musical centre. This year, during the Festival of London, Benjamin Britten's parable Noh plays "The Burning fiery Furnace" and "Curlew River" were performed. The B.B.C. have used it for recording and televising the Brandenburg concerts, and next week Colin Davis will conduct Berlioz "L'Enfance du Christe". I feel sure that none of these performances will excell the enthusiastic and brilliant one of Haydn's Nelson Mass given by Stephen Coles conducting the Guy's Chorus and Musica Medica Orchestra. Mr. Coles was able to confirm the promise he showed earlier in the year in Vivaldi: here was a "big" work with many difficult tempo choices and choral writing. Throughout, he chose the same tempo, and his "southpaw" stick technique conveyed to all accurately their entries. One was perhaps worried by the slight lack of attack in the opening Kyire but this was probably more due to the Cathedral acoustics than poor choral singing (the cathedral seems to add a very long reverberation to all the sound, and I can imagine those at the back hearing mainly timpani). Ample amends came in the Gloria where Mavis Beattie (soprano) revealed fine control of forte and pianissimo in her solo part and she was backed up by the best singing and orchestral playing of the evening. Mr. Coles justified his slow speed for the fredo by the expressive singing obtained, increasing the devotional quality of the work. The other soloists seemed extremely well balanced (I wonder what papa Haydn would have thought of a counter-tenor instead of contralto!) and I must single out Brian Etheridge for his superb control of the bass part (how pleasant to hear him singing with us again!) The "Nelson" part of the Benedictus, with its difficult trumpet part, was unflinchingly accurate and the work ended with a feeling of triumph and joy, surely as Haydn intended.

The programme was unfortunately not as successful as the singing: it called the Mass—No. 3; the Imperial; the Nelson and then "the first Haydn composed": "Surely these can't all be correct," you, no doubt, are asking. In fact it was the 3rd of six written after 1795 (Haydn had written many earlier) It is known as the Nelson, a name Haydn agreed to—I'm sure the writer of the programme note meant "the finest mass Haydn composed" rather than "the first". It seems a pity to charge 2/6 for a programme containing so many mistakes.

Memories of the first half of the concert were fortunately eclipsed by the second. I cannot understand how or why a pianist who isn't fully sure of the work doesn't use musical score to help her. If Curzon, Serkin and Britten use the score, then surely Miss Horey could. If it was, her approximation of the score made one admire Mr. Jernard Jupp's ability to follow —although the orchestra sounded much less secure in this work with some horribly acid violin tone. The concert had started with a brass ensemble playing music by Gabrielle and Karl Marx—one felt there was enthusiasm in plenty, but the result was crude and heavy.

What next for Mr. Coles and his singers? I just hope he will keep going forward in time rather than retreat back to the darkness of the medieval period. If he must go back, how about Bach's magnificent Christmas Oratorio?

HEDLEY BERRY

REVIEWS

LECTURES IN MEDICINE.

by C. W. H. Havard.

It is difficult enough for the specialist to keep up with advancing knowledge in a narrow field of medicine. How much more difficult is it for those whose interests are general to keep afloat in the flood. Subjects which not many years ago were hardly noticed, now fill the pages of the popular medical press, and unless a determined effort is made to pursue them one is soon left floundering. This problem also confronts the undergraduate (who at least has the advantage that he can spend much of his time listening and reading if he wants to) and applies to all who have increasing demands upon their time.

This fascinating book does much to help fill the gaps which could otherwise be achieved only by hunting through a wide range of the literature. Dr. Havard writes in a style which is easy to read and puts over complicated subjects with clarity. His knowledge is impressive and the reader will enjoy the authoritative but balanced accounts of completely up to date subjects. He has written twelve chapters himself on such subjects as Chromosome Abnormalities and Disease, Valuation of New Drugs, Drug Induced Disease and Auto-Immunity. He is equally good value on other topics. Three colleagues have each contributed a chapter on Viruses and Disease, Statistics in Medicine, and Computers in Medicine. This is an excellent book, after reading it one wished for more.

R. K. KNIGHT

IONIZING RADIATIONS

By J. S. Strettan, M.A., M.Sc. The Commonwealth and International Library. Pergamon Press. *Price* 20*s*.

This is an excellent little book, being compact and precise in presentation, and would be useful to all radiography students—1st and 2nd years.

The chapters are grouped under headings similar to those for M.S.R. studies—X-ray Tubes; The Nature and Production of X-rays; The Properties of X- and Gamma-rays; Natural Radioactivity; Measurement; Artificial Radioactivity; Biological Effects and Health Hazards—and the student could quickly find the subject matter she requires. The chapters on Measurement and Artificial Radioactivity are particularly interesting, but the chapter on The Nature and Production of X-rays explains crystallography and the work of Bragg and Mosley, which is not required for the M.S.R. However, the student should be able to pick out the information she requires.

There are many photographs and diagrams which are easy to follow, and fit in well with the text. In addition, there is a useful glossary, and also a list of important isotopes.

This is an ideal book for revision purposes for the radiography student (and is also reasonably priced at £1!), and would be a useful addition to the library.

SUSAN E. WOODGER

OPHTHALMIC NURSING.

P. Garland. Faber & Faber. 208 pages. *Price* 25*s*.

It is an excellent book for all nurses. It contains all aspects of ophthalmic nursing in detail, and nursing techniques are fully described.

The illustrations are excellent. It is clear, concise and easy to read and understand. Not very expensive.

NOVA REHLAN

SPORT

RUGBY

GUY'S v. OLD MERCHANT TAYLORS

Result: won 51—0

Rowlands kicked off for Guy's in a match that started on a crisp, clear afternoon and ended 51 points later in the cold, wet evening.

In the first half—minutes following a forceful run down the middle by Thorburn—Rowlands was brought down less than a yard short of a try. The Guy's backs, making full use of the excellent conditions, handled and ran well, but it was left to Thorburn to open the scoring, when he charged down an attempted clearance from O.M.T.'s and ran on to score near the posts. Elliott converted.

Five minutes later Elliott converted a try by Price, resulting from a fast handling threequarter movement. Then, for the first time in the match, Guy's were under slight pressure when a kick forced play to within a few yards of their line, but good line-out work with Swift clearing coolly over his forwards' heads soon eased the situation.

Elliott then missed a difficult penalty, but one of the defenders knocked on attempting to gather the ball and from the resultant scrum Voss went over to score on the left wing.

All the pack were rucking well at this stage, supplying the backs with plenty of good balls, and Price, running with great determination, scored two more tries. Then Elliott came into the line to create an overlap that enabled Voss (an aberrant hooker playing on the wing!) to score in the corner. Half-time score, 22—0.

Elliott opened the second half, scoring with a penalty, then Price, perhaps fearing the after-match cost of scoring too many tries, put Beacham over with a beautifully-timed pass in the fiftieth minute.

Ten minutes later Swift scored an opportunist try from a swiftly-taken penalty.

Despite a heavy drizzle, Guy's continued to handle and run well. Cheesborough scored from a scrum won against the head, and Elliott converted.

Starting from a scrum deep in their own half, Guy's stormed upfield in a feast of close passing, which was finished by Thorburn dribbling the ball brilliantly for twenty yards to score.

Two more tries followed in the last minutes of the game, Beacham making a fast outside break on the right wing and Rowlands going over near the posts. Elliott converted both these tries to bring his personal match total to 15 points.

This last performance of 1967 augurs well for the imminent Cup matches, for no one present could remember when Guy's last scored a clear half-century.

G. PAY

DIARY

RUGBY 1968

1968					
Jan.	6	Imber Court	(2.30)	..	Metropolitan Police
	13	Plymouth	(2.30)	..	Plymouth Albion
	20	H.O.P.	(11.00)	..	Taunton
	20	Twickenham	( )	..	England v. Wales
	27	H.O.P.	(2.30)	..	Devonport Services

Feb.	3	H.O.P.	(2.45)	.. Coventry
	10	H.O.P.	(11.00)	.. University of London
	10	Twickenham	( )	.. England v. Ireland
	17	Sunbury	(2.45)	.. London Irish
	24	Exeter	(2.45)	.. Exeter
Mar.	2	Dulwich	(3.00)	.. Old Alleynians
	9	Nuneaton	(3.00)	.. Nuneaton
	16	H.O.P.	(3.00)	.. Gloucester
	23	Oxford	(3.00)	.. Oxford
	30	H.O.P.	(3.00)	.. Old Haberdashers
Apr.	6	H.O.P.	(3.00)	.. Old Whitgiftians

NOTE: H.O.P. denotes home ground at Honor Oak Park.

HOCKEY

GUY'S v. SOUTH ESSEX

Result lost 2—0.

The game was played on a reasonable pitch and on a perfect but chilly day. Guy's won the toss and elected to play with the dying sun at their backs. The opposition had only ten men but in the opening minutes went on to the attack. Guy's managed to gain the upper hand territorially and Godfrey on the right wing passed the ball to Goodhart who was unfortunate to miss the goal. After about twenty minutes of the game the South Essex team attacked and following a very bad defence muddle by Guy's backs and goal keeper opened the scoring. Guy's now resumed the attack and a goal by them was disallowed as the player was off-side. For the rest of the first half Guy's were usually in the opposition's half of the field but despite many fine passes they seemed unable to put the ball in the net. Shortly before half time South Essex were unlucky not to be awarded a penalty stroke when Clark saved a goal by playing the ball above the height of his shoulder. He deflected the ball over the goal line and South Essex failed to score from the long corner.

The second half was a repetition of the first with Guy's constantly on the attack but never being able to get the ball into the net. Far too many good attacking movements were wasted because nobody seemed willing to take a first time shot at goal. About half way through the second half the South Essex team passed the ball to their centre forward who was always lurking dangerously on the half way line and he scored a very good runaway goal taking the defence completely by surprise.

Guy's thus lost a match that territorially they won hands down. If only they had not thrown away their numerous opportunities the result would have been very different.

Team: R. Clark, R. Kenderick, M. Vellacott, M. Horrocks, C. Pearson, N. Turfitt, A. Winskill, S. Cripps (Capt.), R. Goodhart, J. Crafts, A. Godfrey.

COLIN HUNTER-CRAIG

LADIES' HOCKEY

GUY'S v. KING'S COLLEGE 1st XI

Second Round University Knock-Out Cup Tournament

Away Saturday, 2nd December 1967

lost 3—1

In a hard-fought match against the cup holders, King's College, Guy's were defeated—but by no means disgraced. In fact, during the earlier part of the first half and for most of the second, King's were much on the defensive.

In the early stages, Guy's forwards hit the ball into the King's goal three times but only one goal was allowed, scored by M. Fortnam. King's settled down and began to give Guy's a lesson in close marking and accurate passing. They scored twice, the second goal a fine shot from the edge of the circle which gave the defence no chance.

As in previous matches, Guy's began to dominate midfield play but once again poor finishing marred some very good moves. It was King's who scored the only second-half goal from one of their few breakaways. Neither side expected this goal to be allowed as the scorer's shot was very dangerous, and King's jubilation had an apologetic ring about it.

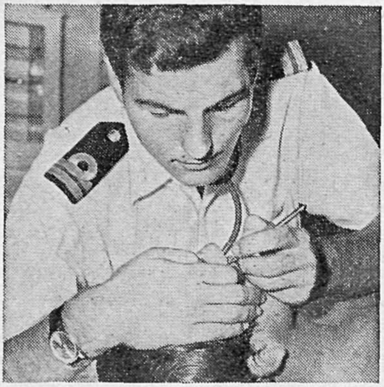
In the closing stages, Guy's often had 10 players in their opponents' half but their strenuous efforts were unrewarded. All honour to Guy's, however, for giving the cup-holders such a tough time !

Team: E. Clyma; R. Thorburn, D. Evans; P. Benson, A. Collins, A. Walley; R. Dow, K. Thorne, E. Hogwood, M. Fortnam, F. Griffith

NOTE: 18th JANUARY—1st ROUND HOSPITALS' RUGBY CUP

Guy's v. U.C.H. or Middlesex (Cobham, 2.30 p.m.)

Treat yourself



5 years as a Naval Officer does a young doctor a lot of good.

When you settle into general practice, you'll probably have routine and cares for a long time ahead. Don't you owe it to yourself to see something of the world first? It's not just a question of travelling to far-away places. Five years' commission as a Naval Officer broadens your experience—both of men and of medicine.

You get opportunities like these. Total medical responsibility. Complete clinical freedom. Up-to-date equipment. Wide first-hand experience of tropical medicine. The chance of discoveries in the new sciences of underwater, aviation and nuclear medicine.

How about pay? As a naval doctor your starting salary is higher than that of a civilian hospital registrar, with marriage and other allowances in addition. There are all the advantages of good comradeship, sport and a varied life that every Naval Officer enjoys. If you wish, you may apply for a permanent commission after 1 year's service. And you may have the opportunity to study (with financial backing) for higher degrees.

3 ways you can enter.

1. As a fully registered doctor; civilian experience counts towards your seniority.
2. During your pre-registration year.
3. As a student any time after passing 2nd M.B. For fully registered women doctors there is a special Short Service Commission.

If you'd like more information, write to the address below, giving details of your age and qualifications. A personal interview can be arranged if you wish.

The Medical Director-General
of the Navy (26UG4), Empress
State Building, London, S.W.6.

Royal Navy

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Registrar in Thoracic Surgery,** with duties to commence on 17th February 1968, or as soon as possible thereafter and appointment until 30th September 1968 in the first instance. Forms of application are available from the Superintendent, Guy's Hospital and should be returned not later than **19th January 1968.**

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Senior Registrar in Clinical Pathology** with duties in clinical chemistry, with duties to commence as soon as possible and appointment until 30th September 1968 in the first instance. Forms of application are available from the Superintendent, Guy's Hospital and should be returned not later than **22nd January 1968.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS
March 1st 1968

Applications are invited for the following house appointments due to begin on **March 1st, 1968** forms of application giving choice of post in order of preference to be lodged with the Superintendent, not later than **January 19th, 1968.**

House Surgeons	4
House Physicians	5
Gynaecological House Surgeon	1
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1
House Physician to Dr. Bishop and Radiotherapy	1

The above appointments will be for six months and will be open only to pre-registration candidates applying for their **first** appointment and not to candidates seeking their second six months appointment.

Children's House Physician (Second six months)	1
Casualty Officers (S.H.O.)	3
Resident Obstetrician (Post-registration)	1
Neurological House Physician (Post-registration)	1
Dermatological House Physician (Post-registration)	1
House Physician in Child Psychiatry (Post-registration)	1
House Surgeon to the Thoracic Unit (S.H.O.)	1
House Physicians in the Department of Psychological Medicine (S.H.O.) (To commence 1-4-68)	2
Resident Anaesthetists (S.H.O.)	2
R.M.O. in Nuffield House (S.H.O.) ..	1
Children's House Physician at Evelina Hospital (To commence 1-4-68) ..	1
New Cross Hospital	
House Physician in Medicine and Geriatrics (Pre-registration) (S.H.O.)	1
Orthopaedic House Surgeon (S.H.O.)	1
St. Olave's Hospital	
House Physician (Pre-registration) ..	1
Gynaecological House Surgeon (S.H.O.)	1

The Committee will also consider applications for the following hospitals in the S.E. Region, preference will be given to second six months applicants:-

Beckenham Hospital	
House Surgeon	1
Hither Green Hospital	
House Physician in general medicine and infectious diseases	1
Lewisham Hospital	
House Surgeon to Mr. Le Brun ..	1
Miller Hospital	
House Physician to Dr. Hartley and Dr. Lessof	1
House Surgeon to Mr. Candy and Mr. Sandrey	1
Orpington Hospital	
House Surgeon with Ophthalmology	1
Pembury Hospital	
House Surgeon to Mr. Gibson	1
House Physician to Dr. Miller	1

P. J. Helliwell
Superintendent

December 29th, 1967.

PASS LIST

SOCIETY OF RADIOGRAPHERS MEMBERSHIP EXAMINATION

M.S.R. R (Diagnostic)

Beadle, Daphne Elizabeth
Howarth, Margaret Jean
Partridge, Christine Margaret
Chedzoy, Susan Jane
Hunter, Elizabeth Marion
Robertson, Jean Sangster
Dearman, Judith
Larwood, Jennifer
Smith, Barbara Ann
Grimsley, Elizabeth Farley

M.S.R. T (Radiotherapy)

Finch, Wendy Elizabeth
Harse, Elizabeth Gertrude
Jones, Sandra Clifford
Woodger, Sarah Elizabeth
Stone, Geraldine

PAPERS BY GUY'S MEN

Wells, G. C. and Wilson-Jones, E. Degos' acanthoma (acanthome a cellulus claires). *Brit. J. Derm.*, 1967, **79**, 249.

Wells, R. S. Anhydrotic ectodermal dysplasia. *Proc. R. Soc. Med.*, 1966, **59**, 975.

Wells, R. S. Bullous itchthyosiform erythrodermia. *Proc. R. Soc. Med.*, 1966, **59**, 976.

Wells, R. S. Generalized hyperkeratosis—Itchthyosiform erythrodermia psoriasis. *Proc. R. Soc. Med.*, 1966, **59**, 977.

Winder, A. F. Nature of substance P. *J. Physiol.*, 1967, **189**, 66P.

Winter, P. J., Deuchar, D. C. and others. Relationship between the ballisto-cardiogram and the movement of blood from the left ventricle in the dog. *Cardiovasc. Res.*, 1967, **1**, 194.

CHANGES OF ADDRESS

Mr. H. Lester, Laurel House, The Street, Chiddingly, Sussex. Tel: Chiddingly 338

Mr. E. D. Morris 152 Harley Street, W.1. Tel: WEL 3834

Mr. S. A. R. Cooke, to 14 Trinity Church Square, London, S.E.1. Tel: HOP 5854.

PERSONAL

MINI-VAN '64.—Excellent condition at 22,000 miles. With 2 new tyres and new battery, 2 rally seats with head-rests and back seat. Also seat belts carpets and heater. M.O.T. tested and taxed till May '68. What a bargain! at £210 o.n.o. Tel: HAM 9510 evenings.

We would like to remind our readers that all copy for inclusion in the Gazette must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT J. G. PAYNE
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2074

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Infective Drug Resistance

Fourteen babies have so far died in the Tees-side gastroenteritis outbreak, and only after considerable pressure from local MPs has agreement been given for a thorough enquiry into the source of the infection.

However, the Ministry of Health has so far not given any indication that the far wider implications of the epidemic involving drug-resistant bacteria will be investigated. The Tees-side outbreak was caused by *Esherichia coli* 0128, which was found to be resistant to eight of eleven available antibiotics.

Until recently, it was thought that the appearance of drug-resistant bacteria was the result of spontaneous mutation of a bacterium resistant to a particular antibiotic and the selective multiplication of this strain in the presence of the drug to which it is resistant. However, another phenomenon also accounts for the appearance of drug resistance called infective drug resistance, and it is a process whereby the genetic determinants of resistance to a number of drugs are transferred together and at one stroke from a resistant bacterial strain to a bacterial strain of the same species or a different species that was previously drug-sensitive. This process thus constitutes a serious threat to public health, since this method of obtaining resistance by bacteria is quickly transmitted to great numbers.

In many parts of the world antibiotics are routinely incorporated in livestock feeds to promote fattening and are also used to control animal infection, and in preserving meat and other foodstuffs.

On top of this irresponsible use of these drugs there is the prodigious prescription of antibiotics for patients often lacking real indications for their use. Unless a halt is made in these senseless activities on the part of the medical and farming community, and the Ministry of Health and of Agriculture in particular, we may soon find ourselves back in the pre-antibiotic era.

A typical example of medical myopia and inaction was a remark made by an assistant-director of a public health laboratory at the height of the recent epidemic : "We knew of the experimental transfer of multi-drug resistance, but now we have an instance of such transfer occurring naturally. This interesting possibility will be tested "!

A committee examined infective drug resistance in 1965 and in 1966 decided it was of sufficient importance to warrant setting up another body to study it and make recommendations. No committee has as yet been set up, let alone report on the problem which since then has increased at an alarming rate.

Despite warnings from a few research workers involved in the investigation of this phenomenon there has as yet been no official moves to deal with the problem.

It is quite obvious that if the responsible Ministers of Health and Agriculture don't pull their fingers out or the medical profession doesn't force them to do so, we shall be back to square one in the fight against infection.

Back Britain - Buy British

Why do some people have to make such a crushing condemnation of the Back Britain Movement. Why do they have to imagine the evil Djinn of political intrigue lurking in the background in a perfectly ordinary typing pool in Surbiton? Can they not see that this eruption of national energy is not a subtle acceptance of blame for our economic plight but a blowing off of all the frustration engendered by the system of government in this country. We ordinary mortals normally have to watch from the stands while our Masters do battle on our behalf over such intricacies as the Pound, our Forces East of Suez, the Naval Estimates, Foreign Policy, etc. etc., with an occasional acknowledgment of our presence when "they" want some more money, or "they" want to get back into Parliament. We should be poor specimens of humanity if we did not sometimes feel the urge to join in the struggle ourselves.

We have all, probably, dreamt of being a leading statesman—if not of actually being PM—and the chance to make a contribution to the welfare of the Welfare State is probably the nearest we shall ever get to such exalted ranks. This gesture of working an extra half an hour may not save the country from a period of severe restraint. It will at least siphon off a lot of frustration felt by individuals at the way in which we are being governed by remote control, with almost no regard for the said individuals.

"Our Mentors and Guides . . ."

Thank you, Mr. Muggeridge, for giving us a judgment. In this permissive age it is refreshing to hear someone giving a positive statement on a Moral issue. It was beginning to seem that the young were being let loose in the world to romp and rave about without any let, hindrance, or guiding principles. The guardians of old have all relaxed their vigilance, and often joined the rebels in their cavorting. We hear so much of the drug taking promiscuous youth of today, and some are even proud to encourage what they regard as experimentation in living from lofty heights of experience, the mounting of which should surely have taught them that without discipline, without guide lines, irreverent youth will err, and err to excess. The medium in which we now live is a perfect one for the breeding of all our most virulent vices. The "elder" generation, stifled by war and want, rejoice to see their children growing free and uninhibited, they will not impose restriction on these happy, irresponsible offspring. The Church tries to become "with it" and ends up without a congregation; the law relaxes its stern countenance, and at the bidding of the psychologists, tries to persuade rather than prosecute. Then all of them—parents, priests and probation officers gasp in horror at the antics of these brave new worlders as they exploit to the full the freedom that a lax society, a weakened Church, and the Welfare State has allowed them to "drop out" into.

GUY'S DIARY

We are delighted to hear of and congratulate Dr. J. R. Batchelor on his appointment to the Professorship of Immunology at the McIndoe Research Unit, Queen Victoria Hospital, East Grinstead.

We offer our heartiest congratulations to Dr. Philip Evans, Director of the Department of Paediatrics, on his award of the C.B.E.; and also to Mr. K. J. Gilchrist, Principal of the Fiji School of Medicine, on his award of the O.B.E.

JANUARY			
22nd	M.	1.00	Clinical Lecture. Dr. KENDALL. "What is Arthritis."
23rd	T.	1.00	Clinical Lecture. Mr. BLACKBURN. "Abdominal Injuries."
25th	Th.	1.00	Clinical Lecture. Dr. McARTHUR.
26th	F.	1.00	Clinical Lecture. Department of Medicine. Dr. ROSIN and Dr. FULLERTON. "Miliary Tuberculosis in the Adult."
		4.00	Portrait Unveiling in the Accident Department by Prof. Sir HEDLEY ATKINS, of Astley Cooper, Arbuthnot Lane, Dr. Bright and Dr. Addison.
27th	S.	10.00	Clinico-Pathological Conference. Clinical Theatre.
29th	M.	1.00	Clinical Lecture. Prof. C. A. CLARKE (Professor of Medicine, Liverpool). "Prevention of Rh Haemolytic Disease."
		5.30	Art Exhibition Opening. Gordon Museum. Until 9th February.
30th	T.	1.00	Clinical Lecture. Dr. MacKIETH. "Hyperactivity."
FEBRUARY			
1st	Th.	1.00	Clinical Lecture. Mr. MAYNARD. "Common Surgical Conditions of the Anal Canal."

SURGERY
AT
GUY'S

by

Professor Sir Hedley Atkins

This account of the research undertaken in the Department of Surgery is not concerned with the very considerable research of the greatest value which is going on in the Thoracic Unit and in other specialist Departments, such as the Orthopaedic and Ear, Nose and Throat Departments.

BREAST CLINIC

The main body of research which is being conducted by the Surgical Department comes from the Breast Clinic, which was started in 1936. For many years, very little emerged as a result of a great deal of work entailed in collecting cases and in examining innocent diseases of the breast, especially fibroadenosis. It was only after the war that cancer of the breast became our main concern and various research projects have been devised which have dealt with this problem. Perhaps before the individual research projects are described, a word about controlled clinical trials should be mentioned because much of our work has depended upon these and furthermore, some of the technique of controlled clinical trials has been worked out in the department. One might, perhaps claim that one of our contributions has been made in this general field. As you will know, a controlled clinical trial is designed to see whether one method of treatment is better than another or whether a method of treatment is better than no treatment at all. In order to be quite certain of this matter it is necessary that the patients allocated to treatment A or to treatment B should be chosen for these treatments by random selection. Many methods, of course, are available for doing this, but the simplest way is to draw a ticket out of a box and whatever the ticket says so that treatment is applied. In order that this method of random selection should be ethical, certain very strict rules have to be observed.

Controlled Clinical Trials

In the first place, the investigators should be quite clear in their minds that they have no preference for one treatment or the other, to the extent that they would allow members of their own family to enter into the trial if they presented with the disease. Next, it is important that this decision be made not just by one person who might be very enthusiastic that a trial should be conducted, but by a group of workers, and in this respect we have been very fortunate in that at least four or five of our workers have been interested in each of our projects and a really reliable opinion has been possible on the ethics of any particular trial which we have wished to conduct.

Our first trial sprang from the elaboration in 1953 of the operation of bilateral total adrenalectomy for advanced cancer of the breast and in 1955, the application of hypophysectomy for precisely the same type of case. I might here add that in 1947 sub-total adrenalectomies had been performed in this hospital, but this was at a time when cortisone had not been discovered and replacement therapy was crude and uncertain. Consequently, the margin between taking out too much adrenal tissue thereby causing adrenal insufficiency and taking out sufficient to affect the cancerous metastases was so slight that the operation had to be abandoned. It was only revived in the Breast Clinic in 1954 as a result of the work of Charles Huggins of Chicago, who now, armed with cortisone as replacement therapy, was able to institute total bilateral adrenalectomy. At this time complete uncertainty prevailed as to which of these two operations, adrenalectomy with öophorectomy on the one hand or hypophysectomy on the other, was the better for patients with advanced cancer of the breast. Both operations were performed on patients for whom nothing else could be done and the problem of ethics therefore was not so pressing.

Adrenalectomy *v.* Hypophysectomy

During the course of the next three or four years, about sixty patients were randomized into each group and by all the criteria that we used for the success of treatment, namely the survival period together with the quality of life during that period of survival, hypophysectomy appeared to be very slightly better than adrenalectomy. The scale of this preference can be exemplified by the expectation of survival in months. After hypophysectomy it was approximately 20.3 months and after adrenalectomy 14.2 months. Similarly, by the marking system which we allocated to these patients on each of their visits, the response of the individual lesions was slightly better after hypophysectomy than after adrenalectomy. It should be emphasised that this result was, of course, applicable only to Guy's Hospital and in the particular conditions which prevailed here. Thus, we were fortunate to have at our disposal Mr. Murray Falconer who performed hypophysectomy with a very low mortality and succeeded in removing virtually the whole of the pituitary gland in a manner which could hardly be matched at any other centre in the world. The difference in results between adrenalectomy on the one hand and hypophysectomy on the other was quite small, but when our results were subjected to statistical analysis this difference was significant. The fact that the difference was significant and yet so small enabled us to elaborate another concept in the field of statistics which has been of the greatest value ever since. We came to realise that the term "significant" used in its statistical sense was quite different from that when it was used in the ordinary conversational sense. Thus, a very small difference between the selected treatments might be highly significant and yet this difference was so trivial that it did not matter very much in practice which of the two was applied. Indeed, it might be that the treatment which was in the statistical sense "significantly" better was attended by a great deal of pain, tribulation and suffering to the patient, whereas the other treatment could be more readily applied and was perhaps very much cheaper to pursue.

Determinacy and Significance

It was because of this that we elaborated the conception of "determinacy". Thus, one method of treatment might be significantly better than another but the degree of difference might be so slight that the difference was not determinant, that is, the difference did not determine which of the two methods of treatment should be applied. Now, in planning a controlled clinical trial we decide so far as possible beforehand what level of statistical significance we are going to accept and in addition to this we set a level of determinacy which will enable us to choose one or other of the two treatments and this level will naturally depend upon the difficulty of performing one or other treatment, the burden which the patient has to bear and also the expense. You will see therefore that if our first trial of adrenalectomy *v.* hypophysectomy was not of very great practical consequence, it nevertheless taught us a great deal about the conduct of a controlled clinical trial and this was of value to us in our subsequent investigations.

In our first trial, either adrenalectomy or hypophysectomy was performed on patients almost *in extremis.* The result by our criteria of success showed that after either operation about 25 per cent of successful cases might be expected. It occurred to us that perhaps if these operations were performed earlier in the disease, that is as soon as secondary deposits had become too wide-spread to be treated by operation or by radiotherapy and without waiting for a preliminary trial of hormones by administration, we might improve our results from the 25 per cent which we had hitherto observed. Accordingly, a new trial was designed and cases were allocated into one or two groups by randomization. In the first group, the operations either of adrenalectomy or hypophysectomy were performed in the last stages of the disease as before. In the second group, these operations were put forward and were performed as soon as the patient became unsuitable for treatment, either by operation directly on the secondary deposits or by radiotherapy. Ninety-three patients were chosen for the first and ninety-two for the second groups. At the end of three years it was possible to analyse the effect of these two methods of treatment and it was found that there was no significant difference between the two plans of treatment. That is, judged from the date of randomization, the survival periods were precisely the same in the two groups and in general the quality of life during the survival was identical.

It was therefore obvious that no benefit accrued from performing these operations at an earlier stage of the disease and we came to the conclusion that in patients in this category it would always be wise to try the effect of hormones by administration before the more formidable operations were enjoined.

At this time what concerned us most was that wherever we placed these operations our success rate could not be improved much beyond 25 per cent. This meant that 75 per cent of these desperately ill patients were subjected to trying and painful investigations followed by a severe major operation, to no effect. It seemed to us therefore that there was a pressing need to investigate whether there might be some pre-operative indication as to which patient would respond and which patient would not respond. If we were able to find this, then we would be able to save a great deal of unnecessary suffering from the performance of hopeless operations and perform these operations only on those patients in whom there was a reasonable chance of success.

Discriminant Function Tests

This problem had already been investigated in various laboratories throughout the world and we had a certain amount of preliminary information to work on. As these two operations were concerned with modifying the endocrine environment, it seemed that the clue as to whether a patient would or would not respond to such operations would probably be found in their own endocrine make-up. Already, the oestrogens had been investigated in this respect, either by an analysis of the oestrogens in the urine or by other methods such as vaginal smear, and no valuable information had been obtained to help in prediction in this manner. We therefore decided to adopt what is regarded in scientific circles as thoroughly unscientific, namely the "shot-gun method"; that is we investigated in the urine, all those steroids which could readily be estimated; we then performed one or other of these operations and after a period of three years we were able to see which of these patients responded, which failed to respond and in which patients the result was doubtful. We did not include the last group in our analysis and were left with two groups; patients in whom the successful response had been undoubted and patients in whom there was no doubt that the operations had been a failure. We then looked back at the pattern of steroid secretion of the urine taken immediately before adrenalectomy or hypophysectomy to see whether we could discern a pattern which matched success and a different pattern which matched failure. This we thought we had been able to do, and an examination of the preliminary steroid excretion patterns indicated that where there was a high level of aetiocholanolone (an androgen metabolite) excretion and a low level of 17–hydroxycorticosteroid excretion the results were good. When the reverse pattern was displayed in the steroid excretion of the urine then the results were bad. Using these values, a discriminant function was devised so that if a lot of aetiocholanolone appeared in the urine the discriminant function was positive and if a lot of 17–hydroxycorticosteroid appeared the discriminant function was negative. This discriminant devised for us by Dr. Spicer, now Director of the M.R.C. Computer Centre, was as follows:

80–80 [17–OHCS (milligramme per 24 hr.)] + aetiocholanolone (microgramme per 24 hr.).

This very important work was conducted by Mr. J. L. Hayward and Dr. R. D. Bulbrook, of the Imperial Cancer Research Fund, working in close collaboration with the Breast Clinic here. Those familiar with statistical techniques will at once have observed that a source of fallacy has arisen. In a retrospective investigation of this sort, where perhaps a dozen parameters have been determined, it is very likely that some sort of pattern could be made out which would fit success and another pattern which would fit failure, although these patterns had no special significance in this regard. Consequently, it was now necessary to conduct a prospective investigation and all patients who were to be subjected to either of these operations had their discriminant function tested and the result of the operation was assessed in the course of the next few years. It was found, in fact, that the discriminant function had an important predictive value and that the group of patients with a positive discriminant had a success rate of approximately 40 per cent and the group with a negative discriminant a success rate of about 12 per cent. This was, in a way, somewhat disappointing as we would have wished these figures to have been 100 per cent and 0 per cent had the discriminant been of absolute predictive value. Nevertheless, we found subsequently that by combining the discriminant function with certain clinical features it was possible to segregate a population of women in whom the success rate was 5 per cent and in whom therefore neither operation was worthwhile performing. This population included those patients with a negative discriminant in whom the period between the radical mastectomy performed for the original lesion and the appearance of secondaries, the so-called "Free Period", was under two years, or those who were within six years of the menopause; if the free period were more than two years and they were more than six years from the menopause the success rate was over 20 per cent. In patients with a positive discriminant these clinical parameters did not affect the overall success rate of 40 per cent. These results were of great practical value and it is now possible to spare a patient with a negative discriminant and unfavourable clinical factors an operation which is quite certainly going to do her no good.

Prognosis and Prediction

So much for the practical aspects of this work. At this time it occurred to Bulbrook and Hayward that it would be interesting to see what the discriminant function was on patients who were about to undergo or had just undergone radical mastectomy for early breast cancer. In thirty such patients it was found that about one-third had a positive discriminant and two-thirds had a negative discriminant. The subsequent course of these patients was of the greatest interest. Of those with a positive discriminant 94 per cent were alive after three years, of those with a negative discriminant, 42 per cent had died within three years. Accordingly, this suggested that the discriminant function was not only of predictive value in the late stages of the disease when the patient was to be subjected to adrenalectomy or hypophysectomy but was of great prognostic value in the early stages.

Bulbrook and Hayward now determined to investigate the discriminant function on normal women, and it was found on a selection of women taken from the workers in the Imperial Cancer Research Laboratories at Mill Hill that approximately 95 per cent of these had a positive discriminant and only 5 per cent had a negative discriminant. It will be recalled that out of the thirty cases of early breast cancer, two-thirds had a negative discriminant and this most striking finding in the normal population was of the utmost importance. There were only two possible explanations of this phenomenon. Either, that patients who had a negative discriminant had this genetically determined at birth and it was this small population of women who were particularly at risk in regard to the subsequent development of breast cancer. Or, alternatively, that patients with a positive discriminant tended to develop a negative discriminant during the course of the disease and at a very early stage in the disease because by the time a lump was apparent in the breast two-thirds of them had a negative discriminant. The consequences of this observation therefore are of the very greatest importance and point the way to a possible screening test for breast cancer. The time relation between the appearance of a negative discriminant and a lump in the breast could only be determined by a prospective study, and Bulbrook and Hayward have organised just such a study on the island of Guernsey.

There, the urine from 5,000 women between the ages of 30 and 55 has been collected and partially processed. It can be predicted that out of this population of 5,000 women about 150 will eventually develop cancer of the breast. Nineteen have already done so, and when this occurs the laboratories at the Imperial Fund are informed, the processing of the urine is completed and the discriminant function assessed together with ten controls matched as far as possible for age, parity and so on. In this way it is possible to determine whether the appearance of cancer of the breast could have been predicted by the discriminant function on urine collected some time previously, and eventually the time relation between the appearance of an abnormal discriminant function and the appearance of a lump in the breast will be determined. A full report on this work has been published by Bulbrook and Hayward and it can be fairly stated that the immense amount of work and organisation entailed together with the considerable expense of this investigation has been well worthwhile. The results show that in a substantial proportion of the women who subsequently developed breast cancer the excretion of androgen and corticosteroid metabolites was abnormal.

Changing Views

For over half a century the operation of radical mastectomy for early breast cancer has been the standard operation all over the world. In recent years, however, doubt has been expressed as to whether this extremely formidable operation has had the beneficial effect on survival that was originally hoped. Many years ago those of us working in the Breast Clinic had thought that it would be of the greatest possible interest to conduct a controlled clinical trial on such patients estimating the value in regard to survival of radical mastectomy against a far simpler procedure. At that time, however, this trial was unethical by the very strict standards that we apply and consequently could not be performed. Within the last ten years, however, very striking collateral evidence has been produced tending to show that radical mastectomy has very little if any advantage over operations of far less severity. Five years ago, therefore, all of us concerned with the work decided that a controlled clinical trial should be conducted into this matter and that we would all of us allow our own relatives to enter the trial should they develop a cancer of the breast. The results of this trial will not be available for several years, but it can even at this stage be stated that as the trial progresses it has become increasingly clear that it was not only an ethical trial to start, but that it was a trial which had to be performed. Until, however, unequivocal results can be published it must be emphasised that the standard method of treatment of early breast cancer by radical mastectomy should be pursued. This method of treatment has adequate pathological sanction and we know that in many cases it is an extremely effective method. It is only in those centres which are equipped and are prepared to undertake the very considerable organisation required for a properly conducted controlled clinical trial that other methods of treatment may be adopted.

ELECTRICAL STIMULATION OF THE BLADDER

Mr. Frank Ellis and Mrs. Morag Stockton.

During the past four years considerable laboratory experience has been gained in this field. Throughout, the project has been carried out in co-operation with Dr. Lale (Hospital Physics Department).

An assessment is being made of an electrical stimulator designed to control incontinence of urine. The basis of the circuitry established by Dr. Lale has been used by the Ministry of Health in the manufacture of fifty stimulators. A number of these will shortly be employed in incontinent patients who have failed to respond to other methods of treatment. The pelvic floor is kept contracted by a constant stimulus from electrodes implanted in the muscles. Energy is provided from small batteries and transmitted through a radio frequency link to an implanted secondary circuit.

UPTAKE OF LABELLED STEROIDS BY THE BREAST

Mr. Frank Ellis and Miss Karen Settevig.

Investigation in 86 patients with breast cancer has established the pattern of accumulation of testosterone, progesterone and oestrodiol in the neoplastic tissue. Labelled steroids are administered intravenously before mastectomy and the amount accumulating in the breast is measured by extraction of the trace from the tissue removed. The effect of an anti-oestrogen drug being studied currently suggests that it may cause a considerable diminution in the uptake of oestradiol by breast cancer.

This work is carried out in co-operation with Dr. R. D. Bulbrook and Dr. N. Desphande of the Imperial Cancer Research Fund.

INTESTINAL RESEARCH

Mr. Ian McColl has been engaged in four main research projects during the past three years. (1) The mechanism of glucose absorption in man. (2) Absorption of vitamin B12 in man. (3) Cause of idiopathic pruritus ani. (4) Pathology and prognosis of juvenile polyposis coli.

In collaboration with Dr. S. L. Hart, of the Pharmacology Department, some aspects of intestinal absorption have been studied in man by determining the effect on absorption of drugs such as cetrimide, phloridzin and oxyphenisatin. Glucose solutions with varying concentration of drugs have been put into loops of jejunum at laparotomy and the percentage absorption calculated from the amount of glucose which could not be retrieved. This technique has provided data for dose response curves which have more meaning than investigations using a single concentration of drug.

The current theory that Vitamin B12 can only be absorbed in the terminal ileum has been challenged by making direct comparison between the ability of loops of terminal ileum and upper jejunum to absorb vitamin B.12 at operation. It has been found that at various physiological concentrations the jejunum can absorb as much B.12 as the ileum under the conditions of the experiment. Much of the evidence put forward in the past supporting the theory that only the terminal ileum can absorb B.12 is now in some doubt.

In collaboration with Dr. A. Bowyer, of the Dermatology Department, and under the auspices of Mr. S. H. Wass, 60 patients with an idiopathic pruritus ani have been investigated in a combined surgical and dermatological investigation. This has brought to light a hitherto undescribed cause of pruritus ani in the form of erythrasma. This investigation points to *Corynebacterium minutissimum* which produces a porphorin which fluoresces under ultra-violet light. Twenty per cent of these patients were found to have this infection and were cured simply by taking erythromycin estolate for one week, by mouth.

In collaboration with Mr. R. S. Lawrie and Dr. B. C. Morson, of St. Mark's Hospital, it has been found that not all cases of polyposis coli develop cancer if left untreated. Fifteen cases of so-called juvenile polyposis coli have been identified which differ histologically from the polyps found in familial polyposis coli and if left untreated do not become malignant as far as can be ascertained. Most of these cases present in childhood and it is important to recognise them as there is no need to carry out a total colectomy as a means of cancer prevention.

FIRST IMPRESSIONS OF LEPROSY

by

G. S. D. Moore

Kumi Leprosy Centre, Uganda

The foundation of this paper is inevitably an insecure one, as it is based on only five months' experience of the disease; thus the title must be strongly emphasised.

I finished my medical training at Guy's Hospital, London, in the autumn of 1965, completed the 12 month Hospital pre-registration period, and made an open offer to the Church Missionary Society to spend one year abroad; I was posted to Kumi/Ongino Leprosy Centre. My wife and I arrived in Uganda in January of 1967.

I had had no experience of the disease, and time only for the briefest preparation and reading of the subject. My feelings of leprosy were, in common with a large percentage of medical and lay people, that this was a highly infectious disease, without a full cure; though it was claimed that good results were being gained with Dapsone. Leprosy patients were outcast, frightened people without hope. These impressions were supported by whispered consultations when it was thought that one of the staff at Mulago, Uganda's biggest hospital, was suspected of having the disease; also an architect who had business to do in a Leprosarium, urgently rang his General Practitioner for advice as to whether it was safe to go.

Biblical References

Most people's knowledge is based on references in the Scriptures. Leviticus commands : " All the days wherein the plague shall be in him, he shall be defiled; he is unclean, he shall dwell alone, without the camp shall his habitation be " (Lev. 13, 46) and in the next chapter it was recognised not to be an incurable disease, as it commands what the priest shall do "if the plague of leprosy be healed in the Leper". (Lev. 14, 2). It is interesting to note the injunction in the New Testament "Heal the sick, cleanse the lepers" (Matt. 10, 8). The necessity of cleansing is brought out again where a leper says to Christ, " If thou wilt, thou canst make me clean." The Lord's reply in three of the four Gospels is, " I will; be thou clean." However, it must be pointed out that the Hebrew word SARAATH covered a large number of skin conditions. Perhaps it is interesting to note here how many people, and how many of the world authorities, involved in leprosy, are Christians.

Classification of Leprosy

My introduction to leprosy was an invaluable four hours spent at the Leprosy Study Centre in London with Dr. Stanley Browne and Dr. D. J. Harman who, in the short time available, provided an essential skeleton on which to base my thoughts and subsequent study.

Briefly,

(1) Leprosy is a Spectrum, the two ends of which are the so-called Tuberculoid and Lepromatous Leprosy.

(2) This Spectrum depends on the response of the patient's tissues to the invading bacilli.

All forms of leprosy lie between the two ends of the scale; leprosy is a chronic infection of the peripheral nervous system by *mycobacterium leprae,* and the latter are nourished in nervous tissue. If, when the bacilli are present in the nerves, the patient is sensitive, there will be little tissue reaction. Thus the organisms are able to become established and subsequently disseminate throughout the body. If a biopsy is taken from the skin, mycobacterium will be seen in varying numbers. This patient is **lepromatous** with the typical leonine features, with large nodules throughout the skin caused by bacillary accumulation and non-specific tissue reaction.

If the patient is resistant, when the bacilli are present in the nerves, there is a violent tissue reaction in the nerve itself, histologically similar to the reaction in the lungs in tuberculosis, and the nerve is wholly or partially destroyed. In the pure **tuberculoid** patient, therefore, there is a local reaction in the vicinity of the portal of entry, manifesting itself with possible nerve involvement; smears of normal skin and generally of the patch will be negative. In the lepromatous patient the amount of symptoms caused will depend on the extent of infiltration of the nerve and consequent disruption of function. Thus, from the above, it is enough for the non-specialist to realise that all leprosy patients will fall between these two extremes, and not to attempt any more complicated classification. From the tuberculoid end, moving across to the centre, the patient will present with more numerous patches, and as he moves across into the lepromatous side, the patches will become more diffuse and the smears will become positive. In general, therefore, the tuberculoid patients present with motor and sensory nerve involvement and possibly consequent crippling and deformity, while the lepromatous do not have the latter to the same extent, but are infectious.

Infection and Incubation

The consensus of opinion amongst leprologists is that "prolonged" intimate contact with open cases is essential to transmission. These open cases may be lepromatous patients or those in an acute phase of the disease. However, most patients, at some time or other, may be infectious to susceptible individuals. When mentioning susceptibility, it should be pointed out that only about 6 per cent of the population provide a favourable environment to the organisms and are thus able to contract the disease. It is generally believed that the leprosy bacillus enters the body through abrased skin surface via the rich network of peripheral nerve endings, from where they make for the Schwann cells lining the nerves. It is interesting to note that in Uganda babies are carried strapped to their mother's bare back, while in Korea they are strapped similarly to the covered back of the mother. In the former, initial patches on the forehead are common, while in the latter relatively rare.

A minority feel that leprosy is always contracted in childhood but the majority seem to favour an incubation period of between three and five years before the manifestation of clinical signs. However, there is no way of proving this, and, as with so many aspects of the disease, many questions still remain unanswered, which adds to the fascination of its study. A major break-through, which would solve many problems, would be the culture of the organism outside the body; advances are being made in this direction.

Cardinal Features

In the consideration of the differential diagnosis, I personally feel it best for the non-specialist to try to know some of the cardinal features which make a positive diagnosis, in which case the patient can be referred; if negative then an alternative diagnosis must be sought.

In the case of the **tuberculoid** patients, the signs that one looks for are:—

(1) ANAESTHETIC PATCH—if it is not present or if it itches, it is not likely to be leprosy. Though the catch here is on the face, which has a triple nerve supply, or if there is tinea or a similar infection overlying the patch.

(2) NERVE INVOLVEMENT—enlargement and/or tenderness.

(3) MUSCULAR paralysis, paresis and wasting.

(4) TROPHIC MANIFESTATIONS—especially ulcers, and absent or deformed extremities.

The frank lepromatous cases are obvious, but many others may pass unnoticed for a long time, hence many infectious contacts may go undetected. However, in the words of my predecessor, in many "you just know", but this last statement must be supported by positive skin smears. However, in tuberculoid cases, the smear by definition is negative, so that if there is any doubt, a nerve biopsy must be taken, and histological examination made.

Treatment

The treatment of choice is still definitely DIAMINODIPHENYL SULPHONE (D.D.S.) which gives remarkable results, providing a high cure rate in tuberculoid patients. Unfortunately, the same cannot be said of lepromatous patients, where cure is much less common. Progress is judged in the main by biannual smears and histology, and in many cases is painfully slow. A personal impression is that often one is rather pessimistic about a cure, and rather strives to keep these patients from having a hypersensitivity reaction. New drugs are available for resistant or unsuitable cases.

Reaction

Reaction, a rather unknown quantity, is generally mild in the tuberculoid patient. It may be described as a manifestation of an acute tissue hypersensitivity, and is localised to the patches, which become raised, erythematous and tender; there is often nerve tenderness and thickening but little constitutional unset.

However, reaction in lepromatous leprosy can be a very severe illness. It may be defined as an acute response resulting from circulating bacilli or their products giving a manifestation of a bacillary allergy. It can be aggravated by D.D.S. therapy itself, by intercurrent illness (i.e. malaria, tuberculosis, worm infectations, etc.) by pregnancy or emotional disturbance. There is constitutional upset, and there may be involvement of the iris, testes, lymph nodes, and nerve trunks. The main feature is the so-called **erythema nodosum leprosum,** fresh nodules in the skin and subcutaneous tissues, which are fixed to underlying tissue and often ulcerate; the skin has a characteristic leathery texture.

Treatment of Reaction

The treatment of the former is mainly symptomatic, while the latter is treated according to its severity, with the treatment of the aggravating factor, if known; symptomatic treatment; reduction or cessation of D.D.S.; and injection of Antimony Compounds such as Fantorin, which, though empirical, are often effective. If these measures fail, Steriods or ACTH are resorted to.

Hospitals, Villages and Clinics

Dr. Maurice King, in "Medical Care in the Developing Countries", stresses for the need of decentralisation of resources, and the vital importance of spreading the net wide; in leprosy this is vital; the shuttle service between the central Hospital and the Leprosy Treatment Villages is increasing; in fact, more and more the emphasis turns from the treatment Hospital to the importance of work out in the Leprosy Villages and Clinics. It is a huge task to cover vast areas in an endeavour to both reach new patients and to offer available treatment within walking distance. The future of the central Hospital is to provide specialist treatment.

To return to my original impressions before leaving England, it has already been shown that this is a curable disease in a high percentage of cases; that it is not highly infectious and that the patients are not without hope. In fact, despite many being crippled, they strike one as being remarkably cheerful. This is even more remarkable when one realises that Ongino is a multi-tribal institution, serving about half of Uganda, and that people of all ages are of necessity confined to hospital often for long periods. It is of vital importance that the prejudices of people throughout the world should be dispelled, so that a more educated attitude to the disease can prevail.

The Future

Leprosy is a very wide subject stretching over the broad fields of medicine, pathology and even specialised surgery; I have only been able to touch on some of these very briefly. The work of the B.C.G. Vaccination against leprosy is based in our Hospital and we await eagerly its conclusions. Thus the future is bright, and all hope for the eventual conquest of the disease.

Appreciations to :—

Dr. R. G. Cochrane and Dr. R. F. Davey (Editors of "Leprosy in Theory and Practice (1964)").

Dr. S. G. Browne and Mr. D. J. Harman.

Dr. J. M. Lea and Kumi/Ongino Leprosy Centre.

CORRESPONDENCE

Rugger Respected

SIR,—I cannot refrain from writing to you to complain about the neglect given in the *Gazette* concerning the doings of the Rugby XV, just at the time when these have been so excellent.

Doctor Ive wrote a letter to the *Gazette* on this subject in November.

The only record of the doing of the Rugby XV is that appearing in the *Gazette,* for which back references have always been available, together with a list of all those playing in such a match. This habit seems to be in abeyance now, and I consider it should be revived quickly, before the gap becomes too extensive.

Also, for the past two years, the fixture list has appeared half at a time—*until* December and then onwards. Surely this should be remedied and the complete list given at the beginning of each season. Also, to date, we have not been given the draw for the inter-hospitals' Cup, which I am sure has already been made.

As an old Guy's man 1910-17) I look to the *Gazette* to keep me in touch with the doings of the Hospital, but I am afraid there is very little appearing in the *Gazette* of these days which is of interest to me—from "Passim" onwards.

Yours, etc.,

N. STEWART WACHER

The Wilderness,
97, St. Stephen's Road,
Canterbury, Kent.

[*We apologise for the absence of a list of all those playing in each match and shall rectify this in future.*

We decided to print the Fixture List in two halves as many complained that they lost their copy of the Gazette containing the complete List early on in the season.

The Cup Draw is printed in January as it seems irrelevant to print it earlier as the Cup does not commence till then.—EDITORS.]

SIR,—Very many Guy's men follow the fortunes in the Press of the Guy's Rugby teams. The football season is only half-way through, but I do feel that your sports correspondent is too modest about this year's 1st XV record. It must surely be one of the best teams for many years.

I feel impelled to write to you, in that about five years ago opinions were expressed in the *Gazette* that in view of a series of heavy defeats Guy's should abandon first-class fixtures.

It still surprises me that a small community is able to produce such a high standard in so many sports.

Yours, etc.,

D. S. HAYTON-WILLIAMS

Department of Oral Surgery,
Radcliffe Infirmary,
Oxford.

George Winston

SIR,—May I express my greatest sorrow at the passing away of George Winston.

For many years George and I were closely associated, working for the Rugger Club, when he was Match Secretary and I was groundsman at H.O.P.

He did so enjoy those days, and was so keen and proud of Guy's R.F.C. and worked like a splendid enthusiast for anything appertaining to the traditions and history of the Guy's R.F.C.

In all sporting events of the Hospital you would find George actively engaged.

I feel this is a sad loss of an old friend, and would like to convey my deepest sympathy to his daughters and Guy's Hospital.

Yours, etc.,

HAROLD L. KIRBY,
Late Groundsman, H.O.P.

16, Gillomens Drive,
St. Leonards-on-Sea,
Sussex.

Once more it is all over

SIR,—May I follow up the comments made in the Nursing Section of the *Gazette* published on January 6th, 1968?

At the turn of this year I would like to thank very sincerely the Sisters, and many others, who have shown such tenacity during this recent period which always brings immense demands on those who carry through the details of the Christmas programme. In addition, this year brought a fairly severe epidemic of influenza amongst the staff, which made the load considerably heavier for those who managed to avoid it themselves!

The writer of the Nursing Section has written of the future with justified enthusiasm and insight. This is heartening: the Nursing Service faces 1968 with confidence. Nevertheless, before the difficulties of these last two years become history, may I place on record our deep appreciation of those who have carried an onerous share of the problems. I would mention again all the Sisters: also those who have "held on" and maintained the complexities of staff allocation during the overlap of two plans of nurse training: two syllabuses: and the introduction of the now established shift system of hours of duty. The names of Sister J. M. Bennett (now Mrs. Wilkins): Sister R. Sullman (née Brayford) and Sister B. White will never be forgotten—all three, together with Sister M. A. Day, have faced much which has bordered on the impossible, but always with humour and unswerving loyalty.

Cheered by the gaiety of the Christmas Show, the falling sickness rate, and the melting ice of winter, the Nursing Staff trusts that 1968 may bring each and every reader of the *Gazette* prosperity in all things.

Yours, etc.,

ANNE M. JOHNSON
Matron

Matron's Office,
Guy's Hospital,
London, S.E.1.

2nd M.B. Christmas Party

SIR,—I should like, through your columns, to express the very warm appreciation of the Christmas party given to the staff of the Medical School by the senior 2nd M.B. year of students. The whole atmosphere of this occasion was most happy and convivial, and a tremendous amount of effort was made by the students in the way of hospitality. I am quite sure that all my colleagues who were present will feel similarly. These occasions are, unfortunately, not very frequent but they play a very important part in the excellent relationship between students and teaching staff which exists in this Medical School.

Yours, etc.,

ROGER WARWICK

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, S.E.1.

"Ex-Guy's " Men

SIR,—Am I being pedantic when I ask you to record my protest against the term "ex-Guy's man", used by the Hon. Secretary of the Clubs' Union, in his letter in the *Gazette* of January 6th?

When one is admitted to the Guy's community, one becomes a member of a great family, bearing a name of which one is always proud.

I joined Guy's in 1912. Since then I have learned, taught, and graduated in Guy's and in other schools, but have never ceased to be a Guy's man. An old Guy's man I may be, perhaps even a genuine antique, but *ex*—never! There is no such thing.

Yours, etc.,

JAMES SNAREY WRIGHT

Woodside,
31, Withdean Road,
Brighton.

SCHOLARSHIPS

GUY'S HOSPITAL DENTAL SCHOOL TRAVELLING SCHOLARSHIPS

Attention is drawn to the undermentioned Travelling Scholarships which are now available.

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at an institution abroad approved by the Dental Council. The value of the Scholarship will be up to £1,000 and the actual amount of the award will depend upon whether thre holder of the Scholarship proproses to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every third year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

Both these Scholarships will be offered for award in 1968. In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel, etc., it is necessary for all applications for Travelling Scholarships for 1968 to be received by the Dean of Dental Studies by **1st February, 1968.**

The Dean of Dental Studies will be pleased to discuss the matter with anybody who is interested.

NOTICES

MUSIC CIRCLE

An informal record evening will be held in the Music Room, East Wing, on Tuesday, 23rd January, 1968, at 8.0 p.m. Come and play your favourite record and talk about it—or just come and listen.

PHOTOGRAPHIC SOCIETY

There will be a meeting of the Photographic Society at 8.0 p.m. on Monday, 22nd January, 1968, in the North Common Room, when there will be a demonstration of Black and White Developing, Printing and Enlarging.

NURSING SECTION

The Sisters' Christmas Dinner for 1967

Despite the rather wintry conditions of January 12th, the Christmas Dinner for the Sisters, held in the beautiful surroundings of the Clothworkers' Hall, was a great success.

"People and Personalities" was the keynote of the speech by the Rt. Hon. Lord Robens of Woldingham, P.C., D.C.L. Lord Robens was replying to the toast offered by the Matron to the Visitors.

In her speech, Matron welcomed the guests, who included the Right Worshipful Master of the Clothworkers' Company, Mr. G. Hirst, and Mrs. Hirst.

Matron proposed the toast to the Guests and followed this by toasting the Clothworkers' Company in their own words.

Matron regretted absent friends, amongs whom were Lady Robens and Mr. W. Kingston, M.B.E., and welcomed back all those Sisters who had left Guy's in the past year.

Matron stated the indebtedness of Guy's to its Sisters and said there was no lack of appreciation of the Sisters by the Medical and Administrative Staff.

Matron also mentioned the fascination that Guy's has for all visitors, and said how intrigued they all were by the total lack of communication, in which no one is guiltless.

As guest speaker, Lord Robens stated how much he enjoyed his work at Guy's, and that it was not the place which fascinated him so much as the people who worked within. There is a special warmth amongst the many who have to face so many problems. If people are determined enough then they must go ahead with their plans for the future and the money will come in somehow.

Lord Robens ended by thanking the Sisters for their invitation on behalf of the Governors and by proposing the toast on behalf of the Visitors.

Following this, the Master of the Clothworkers' Company replied to the toast of the Company and welcomed all the guests to the Hall.

Yet again this occasion has proved its worth, and the Sisters returned home full of good cheer and hope for the future.

STAFF CHANGES AND APPOINTMENTS

APPOINTMENTS

C/N V. Lemon, S.R.N., S.C.M. (Beckenham Hospital) to Sister Sarah Ward.

C/N W. Howell, S.R.N., S.C.M. (Southmead General Hospital, Bristol) to Night Sister Nuffield House.

CHANGES

Sister G. Cawthorn from Hunts House Night Duty to the Renal Transplant Unit.

Sister I. Cleghorn from Nuffield House Night Duty to Hunts House Night Duty.

Sister A. Gregg, S.R.N., S.C.M. (Clayton Hospital, Wakefield) to Victoria Ward.

Sister M. Irvine from Renal Transplant Unit to Sister Queen Ward.

Sister R. Thirlaway from Sarah Ward to Nurses Home Sister.

DEPARTURES

Sister B. Arnold from Nurses Home Sister.

Sister B. Stair from the Evelina Children's Hospital.

REVIEWS

LUNG FUNCTION TESTS

by B. H. Bass, M.D., M.R.C.P. H. K. Lewis, 1966. 108 pp. *Price* 15*s*.

This small book presents an introduction to assessment of lung function. It covers especially well techniques of mechanical tests of respiratory function. Subdivisions of lung volumes and their measurement are covered in some detail and the concepts of compliance and resistance are also well explained.

In the field of application of these results to clinical management there is less direct guidance. The problem of predicting the outcome of surgery, whether it be thoracic or abdominal, in terms of the patient's ability to breathe adequately post-operatively is not covered satisfactorily.

As far as tests of gaseous exchange (the ultimate tests of lung function) are concerned, the book is weak. Oxygen tensions are not mentioned and there is no attempt to describe the tests which will elucidate increases in either physiological dead space or physiological shunting which are fundamental in the assessment of respiratory impairment.

The book does not state at what level lung function is so inadequate that artificial ventilation need be used to support it, and with the increasing use of intermittent positive pressure ventilation as an aid to reversible failure of lung function, this would seem to be one of the important questions which needs to be answered by lung functions tests.

GARY GERSON

PLAY AND THE SICK CHILD

by Eva Noble. Faber and Faber. *Price* 22*s*. 6*d*.

Parents and teachers have long recognised that play is the most important business of the day for the young child—but in far too many of our paediatric hospital wards, the child's needs for play still receive little or perfunctory attention.

In her excellent little book with its beautiful illustrations, Miss Noble shows that skilfully supervised play can promote a child's emotional well-being at a time when, separated from his familiar environment, fearful of what will happen to him and restricted incomprehensibly from his usual freedom, he is highly vulnerable. She stresses the importance of the presence of a sympathetic adult to whom the under-four can readily refer when he needs encouragement or tires of what he is doing, and pleads for a Play superviser in every children's ward to fulfil this role. The superviser can stimulate and interest all children in activities which can be enjoyed in bed, the variety and range of which will perhaps surprise her readers.

This book can be recommended to all doctors and nurses in paediatric departments as well as parents who are faced with the problem of keeping the sick child happy. The later chapters of the book which deal with the doll-play projection test will interest the clinical psychologist, but the detailed description of the minute-to-minute activities of the children studied may prove tedious to the reader whose interests are less specialised.

D. F. EGAN

Errata

The *Gazette* offers its apologies to Miss Mary-Elaine Robertson, whose surname was left out of the Review of the Christmas Show.

We also apologise for the omission of the name of the publisher and the price of the book, "Lectures in Medicine", reviewed by Dr. Knight in our last issue. The book, by C. W. H. Harvard, is published by Staples Press and sells at 63s.

SPORT

RUGBY—HOSPITALS' CUP

The recent heavy snowfall naturally delayed the game between U.C.H. and Middlesex Hospital, and consequently the first round for Guy's has been postponed until January 30th.

Guy's are strongly favoured by the Press to win—perhaps too readily, for as favourites last year (admittedly less convincingly appointed) they were promptly dismissed in the first round by the eventual winners, St. Mary's.

Against Mary's are the strongest so-called "challengers". Their captain, McEwan, an England Schoolboy player, is well supported by players such as Roger Evans (U.H. winger), Tom Fletcher in the centre and J. Williams (Bridgend) at full-back, who incidentally reached the final of Junior Wimbledon this year.

Surprisingly, St. Thomas', previously considered to be serious competitors, have descended in the opinion polls with a poor season and a thrashing from Metropolitan Police. However, with A. Boyle (Scottish No. 8) in the side, and with Silk (the past Cambridge Captain and England cap) as coach, we should not discard their chance too flippantly.

St. Bart's and the London are both solid sides. The former consists of McIntyre (Middlesex) at wing forward, Brian Rees (Wales and former Cambridge Captain), Elwyn Lloyd (Oxford blue), and Mike Brittain (Hampshire). The London contains a less star-studded line-up under the captaincy of C. Boyle (Army and Harlequins).

The remaining hospitals do not offer much competition, although the Westminster, with Rutter and Skirving (Middlesex) and Lewis (Surrey) in the three-quarters, continue to pray that they may receive sufficient ball.

It therefore seems that Guy's, with the strongest fixture list, the greatest number of county players, and the modern All-Black style, playing their most outstanding season for many years, are surely bound to win—but will they?

UNITED HOSPITALS RUGBY CUP DRAW, 1967–68

1st Round	*2nd Round*	*Semi-final*	*Final*	
Bye	Guy's			
Middlesex		....		
Jan. 16th	....			
U.C.H.	Jan. 30th	Feb. 13th	....	
Bye	St. Thomas'			
St. Bart's		....		
Jan. 16th	....			
St. George's	Jan. 30th			....
Bye	St. Mary's			
Westminster		....		Mar. 13th
Jan. 18th	....			
King's	Feb. 1st	Feb. 15th	....	
Bye	Charing Cross			
Royal Free		....		
Jan. 23rd	....			
London	Feb. 6th			

DIARY

Jan.	20.	H.O.P. (a.m.)	Taunton
,,	27.	H.O.P.	Devonport Services
Feb.	3.	H.O.P.	Coventry

SQUASH

The Squash Club has undoubtedly expanded her economy this season. For those who enjoy competitive matches there are four teams, with numerous fixtures each week for each.

To date, the Cumberland Cup V has played 5, won 2, lost 3, with a notable win over St. Thomas', in which J. H. Newman was outstanding by beating O. Stansfield very narrowly in the fifth set. The team lies fourth in the Third Division and has a good chance of improving upon this with the return of B. R. Mathlone to the ranks.

The 1st V has played 23, won 11, and lost 12, with an ambitious fixture list including Sundridge Park, Old Tonbridgians, and Birmingham University.

A main feature is the great improvement of J. R. Webb, this year's captain, currently playing University Squash. A. R. Sutherland, after playing well at the start of the season, did not maintain his form, whilst E. J. Evans, a freshman, is fast improving with match experience.

WATER POLO

Guy's began their defence of their London University 2nd Division Championship with a close win over St. Mary's.

Weather hazards and the Asian Flu caused a re-arrangement of the side and Foulds (normally stopper back but playing at two yard forward) opened the scoring. Soon after the start he vociferously challenged the goal-keeper making the ball run loose to Challacombe who subsequently popped it into goal.

From the re-start Guy's soon won possession, and a long pass from Northcott gave Challacombe good opportunity for the second goal when he swam over two defenders and scored.

As the Guy's team gained in confidence so their play deteriorated, and St. Mary's came much more into the game and a period of prolonged attack upon the Guy's goal culminated in the half-time score 2—1.

In the third quarter, a spectacle of inspiring swimming and some poor covering enabled St. Mary's to score two more goals. But Davidson replied for Guy's to level the scores.

In a fast and furious last quarter, Guy's pressed for the winning goal and some good possession was wasted by wilding shooting. Challacombe in particular missing relatively easy shots. However, seconds from the end Foulds once again emerged, flicked the ball towards goal, and sumberged in a flurry of spray as it entered the net to give Guy's the victory that they could have easily won by less arduous methods.

Team: Challacombe, Wood, Foulds, Northcott, Davidson, Adkins, Wright.

REPORTS

SOCCER

GUY'S v. MIDDLESEX HOSPITAL

Home U.H. League December 13th 1967

Result: won 3—1

For their last game of 1967, Guy's were captained by S. Watt-Smith in probably his last game for Guy's.

Straight from the kick-off Guy's built up several attacks from the right wing but several easy goals were missed in the early minutes. Davey in his new role as centre forward had the Middlesex defence worried and went very near to scoring, leaving the Middlesex goalkeeper standing as his shot went wide.

Nearly all the Guy's team had a shot at the Middlesex goal but all failed to find the net. S. Watt-Smith had several runs from the defence and crashed the ball inches wide of the upright.

It was the Middlesex Hospital who eventually scored first. In one of their few breakaways they managed to pierce the Guy's defence to score from an obvious off-side position. It was expected that Guy's would let the game slip. Half time Guy's 0 Middlesex 1.

The second half however, saw Guy's playing some of their best football of the season, Epps and Lindridge on the wings had several good moves and Lindridge eventually equalised for Guy's from a Davey cross.

McClure seemed to be worried by an injury sustained in the first half, but still showed some signs of his usual brilliant footwork. He put Epps clear on the left and from his centre Lindridge put Guy's in to the lead. The Middlesex revived for a while and gave Guy's a hard time, but the defence was firmly held. Watt-Smith didn't miss a tackle and his distribution was unfailing; it was he who sealed the game by netting a penalty given away by the Middlesex.

Guy's ended 1967 with a good win, and full credit goes to the captain of the day on a brilliant game.

Team: Wood, Milnes, Nash, Poole, Watt-Smith (Capt.), Lovell, Lindridge, McClure, Davey, Elias, Epps.

GUY'S v. CATFORD STROLLERS

At Home Saturday, 6th January

Result: won 8—1

After a break of over three weeks, Guy's resumed their programme with a friendly fixture against the local veterans side, Catford Strollers. In a strange looking line-up Lindridge took over the number 5 shirt formerly occupied by Watt-Smith.

Showing no signs of a Christmas hangover, Guy's opened strongly, and as usual in the first few minutes missed several easy chances to open the scoring. After 10 minutes Guy's took the lead through Jacobs, whose left foot shot went past the unsighted goalkeeper. Davey was, troubling the veterans' defence and several minutes later he made the score 2—0. After making the opportunity Elias shot wide of the post when well placed in front of goal. However, he soon made amends with a well-taken goal after a through pass by Farber. Just before half-time Davey scored again to make the interval score 4—0.

With the first attack of the second half, Jacobs broke away on the right wing and put over a centre which Davey met on the volley and netted to complete a fine hat-trick. The Hospital side was being given plenty of time and space to think and act, and as a result was producing some impressive football. For the first time this season the attact was "goal hungry", and the score soon became 6—0 with a fine opportunist goal by Jacobs. The enigmatic winger easily beat the goalkeeper with a swerving shot from outside the penalty area. From one of their rare attacks, the Strollers reduced the deficit with a well-placed header which left Carter, back in the Guy's goal after three months, helpless. Further goals by Poole and McClure, against the rapidly-tiring visitors defence concluded the scoring.

Obviously in this game Guy's were given a lot more time and space than they can expect against younger sides, yet it was encouraging to see the Hospital attack in such devastating form. Several of the goals were opportunist efforts which augurs well for the important League and Cup games of the next few weeks.

Team: M. Carter, G. Farber, J. Wood, S. Poole, D. Lindridge (Capt.), R. Lovell, D. Jacobs, I. McClure, R. Davey, E. Elias, R. Leeburn.

R. LOVELL

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HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Senior Registrar in Child Psychiatry** with duties commencing 22nd February and appointment until 30th September, 1968 in the first instance. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be returned not later than **22nd January, 1968.**

PASS LIST

UNIVERSITY OF LONDON

M.D.

T. J. H. Clark
C. S. Ogg

Ph.D.

C. P. Wendell-Smith

UNIVERSITY OF LONDON

M.Sc. (Radiation Biology.)

D. C. Barber
Rowena M. Harris

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

J. A. Child
P. C. H. Newbold
I. W. F. Hanham

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

C. B. Adams
M. S. Bell
A. C. Bird
F. D. Birkett
R. Lallemand
A. N. Nicolaides
K. M. Pagliero

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

F.R.C.S.

F. D. H. Birkett

COLLEGE OF PATHOLOGISTS

F. C. Path (Primary)

T. N. Stanbridge

F. C. Path (Final)

R. W. R. Archibald
H. M. Clink
J. P. Lee-Potter
H. Pambakian
W. A. G. Roper

UNIVERSITY OF OXFORD, 2nd B.M.

Medicine

*H. W. Berry
*M. A. Coe
*C. W. Thorburn
*R. A. Oxlade
*M. Sutton

Surgery

H. W. Berry
M. A. Coe
M. Sutton
C. W. Thorburn

Midwifery

H. W. Berry
M. A. Coe
C. W. Thorburn
R A. Oxlade
M. Sutton

UNIVERSITY OF CAMBRIDGE

Final M.B.

C. G. Barker
*A. B. Bevan Jones
J. D. Boxley
A. Calin
M. J. Cheesebrough
D. F. Hewart-Jaboor
J. Hibbert
H. J. Rogers
G. A. W. Ross
G. D. Schott
D. G. Thomas
A. A. G. Thomson
G. W. M. Thomson
D. J. Watkins

Part II

*P. D. Wallace

*Have now completed the examination.

UNIVERSITY OF LONDON

THIRD B.D.S. EXAMINATION

Part 1

Esme H. Alder
A. S. Averill
A. J. Banner
M. Bates
P. R. Berger
A. E. Brown
S. J. Challacombe
J. E. Cook
A. K. Cornell
L. Cree
R. T. Davey
C. R. Debenham
J. L. Dobson
T. G. Dowsing
J. C. Edwards
O. T. Emanuel
M. T. H. Francis
A. E. Godfrey
Linda F. Greenwood
Rosemary Groves
J. W. C. Halliday
A. J. Hodgkison
J. L. Holmes
N. R. Hopkinson
K. Howells
D. P. Jacobs
D. B. Kennedy
A. C. Key-Toyer
T. Kirk
P. W. Lambden
D. G. Lewis
Patricia M. Lewis
R. S. Loomes
J. M. B. Ludford
Jean A. D. McLean
G. Morris
M. J. O'Grady
M. G. Pearce
R. M. H. Phillips
R. C. N. Pinckney
M. B. Price
W. J. Reay
J. G. Ritchie
Jennifer M. Scholes
C. F. Scott
Eileen M. Scutt
A. S. Stephens
Jean R. Summerbell
J. G. G. Swain
M. J. Watson
Gillian B. Weaver
R. D. Webb
P. A. L. Williams

Part 2

Esme H. Alder
A. S. Averill
D. A. Beale
M. G. H. Bishop
A. E. Brown
S. J. Challacombe
J. E. Cook
A. K. Cornell
J. L. Dobson
O. T. Emanuel
M. T. H. Francis
Linda F. Greenwood
Rosemary Groves
D. H. Haines
K. Howells
D. P. Jacobs
D. B. Kennedy
Jean A. D. McLean
M. J. O'Grady
M. G. Pearce
R C. N. Pinckney
S. J. Poole
M. B. Price
W. J. Reay
M. F. Richmond
C. F. Scott
A. S. Stephens
A. P. Taylor
N. J. Taylor
P. A. L. Williams
Elizabeth H. Wilson

Part 3

O. A. Adesina
Rosemary P. Bailiff
Patricia J. Benson
R. K. F. Clark
A. J. Gillham
P. J. C. Haynes
R. P. A. Lovell
C. G. Neville
W. H. Stephens
D. St. J. Thomas
R. Tudor-Williams
P. C. Williams
N. R. Winter
P. R. Wright

SECOND B.D.S. EXAMINATION

M. F. Ashley
C. H. Ballard
P. R. Hunt
G. F. Langley-Smith
K. P. J. Malone
C. K-S Wang
C. E. Wilde
J. A. Williams

CHANGES OF ADDRESS

Dr. C. Angeli, Dr. Angeli's Clinic, Corner Arch. Makarios-Doiranis, Nicosia, Cyprus.

Dr. A. Berry, 65 Redhill Drive, Brighton, Sussex.

J. C. Bradley, Esq., F.D.S., R.C.S., 'Stonlea' 53 Needley Drive, Needley, Burnley, Lancs.

S. N. Bussell, Esq., L.D.S.., 14 Compton Park Road, Mannamead, Plymouth, Devon.

Dr. A. B. Dickie, 37 Sydney Grove, London, N.4.

Miss M. Edwards, S.R.N., S.C.M., c/o Flying Doctor Service, P.O. Box. 1856, Ndola, Zambia, Africa.

Mr. J. D. Ellis, 329 Woodstock Road, Oxford, and at 85 Banbury Road, Oxford.

Major R. C. Francis, M.B., M.R.C.O.G., R.A.M.C., Dept. of Obstetrics, Military Hospital, Terandak. c/o G.P.O. Malacca, Malaysia.

Dr. J. D. Lloyd-Still 2 Connaught House, 19 Garway Road, London, W.2.

Dr. and Mrs. R. A. Y. Pietroni, 1 Durand Gardens, S.W.9. Tel: Rel 4830.

Dr. O. H. Shaheen, 90 College Road, Dulwich, London S.E.21

BIRTHS

GARDNER—On 8th December, to Nigel and Juliet, a son, Michael, brother for Nicola and James.

HACKWOOD—On Friday, 29th December, at Farnborough Hospital to Jill (née Holmes) and John Hackwood a daughter Sara Jane *sister for Russell and Duncan.*

HALFORD—On 26th November, to Patricia (née Pocock) S.R.N., S.C.M., and Michael Halford, a son, Geoffrey Paul.

PIETRONI—To Raymond and Jennifer (née Crawshaw) on November 28th 1967, a son, Simon.

WALTER—On 2nd December, 1967, to Michael and Jennifer (née Fyfe) Walter a daughter Helen, *sister to Christopher.*

MEMORIAL SERVICE

WARNER—A Memorial Service for E. C. Warner, M.D., F.R.C.P., who died on January 6th 1968, will be held at St. Martin-in-the-Fields on Thursday, February 1st at 12 noon.

PAPERS BY GUY'S MEN

Bishop, P. M. F. Oral contraceptives. *Practitioner*, 1967, **200**, 121

Goulding, R. Toxicological case reports. *Practitioner*, 1967, **200**, 179

Harkness, R. D. and another. Collagen formation and changes in cell population in the rat's uterus after distension with wax. *Lancet*, 1967, **2**, 33

Keen, H. and Whichelow, J. Renal glucose threshold variations with age. *Brit. med. J.*, 1967, **4**, 505

Knott, N. J. Identification by the teeth of casualties in the Aberfan disaster *Brit. dent. J.* 1967, **122**, 144

Knott, N. J. Identification by teeth. *Police J.*, 1967. May P.1.

McKeown, T. Social function of medicine. *Brit. med. J.*, 1967, **4**, 401

Marley, P. B., Robson, J. M. and Sullivan, F. M. Embryotoxic and teratogenic action of 5-hydroxytryptamine; mechanism of action in the rat. *Brit. J. Pharmacol.*, 1967, **31**, 494

Milner, L. Halothane; an investigation of its possible hepato-toxicity. *Med. Proc.*, 1967, **13**, 491

Milner, L. Closed halothane anaesthesia; its effect on the acid-base balance of the body. *Med. Proc.*, 1967, **13**, 341

Ross, D. N. Indications for surgery in acquired heart disease; surgical aspects. *Proc. R. Soc. Med.*, 1967, **60**, 1021

Simpson, K. Moment of death. *General Practit.* 1967, **4**, 8
also Nursing Times, 1967, **63**, 1604

We would like to remind our readers that all copy for inclusion in the Gazette must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT J. G. PAYNE
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2075

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Drug Addicts

The Home Office pathologist Professor Francis Camps has appealed for doctors to volunteer to staff independent 24-hour treatment centres for drug addicts. He has called upon the medical profession to help prevent drug addicts from being caught in "the clutches of the Mafia and the underworld".

This appeal was made at a conference called by the Association for the Prevention of Addiction of which Professor Camps is President. He went on to say that at the present time the profession tends to shun the problem as a "nasty, dirty subject" one shouldn't have anything to do with and that doctors were both scared and ignorant.

As a result of the Brain Report on Drug Addiction, the Dangerous Drug Act of 1967 was passed which prevented doctors from prescribing heroin and cocaine to addicts. At the same time the Act provided for the setting up of treatment centres for both out-patient and in-patient care of drug addicts. The essential aim of this change was to try and control and decrease the rise in drug addiction and its illegal trafficking. In fact, the former ban has been effectively carried out, whereas the latter provision is still far from being complete to the extent that a few week-ends ago a number of addicts were "running around trying to get a legal supply or else an illegal supply", according to Professor Camps.

In answer to this crisis the A.P.A., aided by the Home Office and the police, collected these addicts to provide them with a legal supply of drugs. An emergency clinic was set up at St. Anne's House in Soho, but had far more patients than the single G.P. running it could satisfactorily deal with.

At present the 14 N.H.S. treatment centres that are operating in London are overcrowded, some in-patient centres having waiting lists of up to two weeks, which is of little use to an addict having withdrawal symptoms. In addition, there is as yet no comprehensive 24-hour service. In view of this emergency the A.P.A. hopes to set up independent 24-hour treatment centres staffed by volunteer doctors until enough official centres are active.

The present situation is not one which was completely unforeseen. Many people interested in this problem predicted that the Ministry of Health's plans following the recommendations of the Brain Report would not succeed. The treatment of addicts in centres has as yet to be proved as being more productive than by a G.P. who is more likely prepared to devote time in forming a personal relationship with him and thus in a position to exert influence in getting the addict off his drugs. The problem of overprescribing by so-called "junkie doctors" as widely publicised by the national press, is the inevitable result of too many patients chasing too few doctors willing to help them.

The very nature of Professor Camps' appeal is evidence of the failure of the new law, and the very nature of the profession's attitude to the problem is evidence of the failure of this country to deal with the problem of drug addiction. Education not prohibition would seem the more civilised way of attacking such a problem. It would also seem that the Government, in passing this law and the Medical Profession in allowing it to do so, have created an insoluble problem where with a little more thought and understanding a solution might have been found.

The Tower Block

The College is gone, and leaves a nasty scar in front of New Guy's House. The Park is slowly recovering from its recent traumas, and there is every reason to expect a good cosmetic result. Shepherd's House will soon step, clean and cool, out of her wooden cocoon. All the new sewers have been laid and steam cheerfully on a cold day through, as yet, uncapped manholes; and Great Maze Pond is ready to receive a full thickness graft of macadam as soon as they have moved the gate that used to stand by the College down to the junction with St. Thomas' Street.

Can we hope, then, that the map of Guy's may be unrolled, and the lamps be put on again, now that Peace seems to be returning to the Hospital after her struggles with the various contractors?

The answer was rudely given when, down in the Car Park something stirred. The thunder, the thumps and the air compressors have not gone, they have only moved away. A sudden "crump" and a wall of the last remaining warehouse in Sparricks Row collapses at the start of a destructive overture to the building of the Tower Block. At last the hopes, dreams, and plans are about to be translated into reality.

We were pleased to learn that the contract for the building has been won by the firm of Y. J. Lovell (London), Ltd. Messrs. Lovell were the main contractors for New Guy's House. We take this opportunity to wish them every success, and, though a brief respite from the almost everlasting rumble of construction would have been welcome, we applaud their alacrity in getting started.

Meanwhile . . .

Would it be possible for the model of the Tower Block to be put on show for those who have not yet had an opportunity of seeing it. The foyer of New Guy's House would seem to be an ideal setting.

Red Letter Day

On Monday afternoon, Guy's was host to Mr. V. P. Elyutin, Minister of Higher and Secondary Education of the Union of Soviet Socialist Republics, and his wife, when the use of television for teaching purposes was demonstrated to them. They were accompanied by Mr. Krutov, Chairman of the Scientific and Technological Council of the Ministry of Education, U.S.S.R., and the Rt. Hon. Mr. Patrick Gordon-Walker, M.P., Minister of State for Education and Science. The Dean, Dr. Houston, welcomed them and conducted them to the Bloomfield Clinic where Dr. Vaughan demonstrated the use of closed circuit television in teaching psychiatry to medical students. Thereafter the party were shown the T.V. equipment at present installed in the Anatomy Lecture Theatre and nearby Television Studio and the uses to which it is being put under the direction of Professor Merril, Director of Television Research, University of California, who is now working at Guy's for a year on the study of medical education under a Fulbright Fellowship. Also present were Governors and Teaching Staff of the Hospital and Medical School.

Unveiled in Casualty

A very pleasant and interesting ceremony took place in Casualty last Friday afternoon. Professor Sir Hedley Atkins unveiled portraits of four of Guy's most illustrious men, Bright, Addison, Arbuthnot-Lane and Astley-Cooper. These portraits had been put up at the instigation of Mr. Patrick Clarkson. A full report will appear in our next issue.

GUY'S DIARY

We congratulate—

Dr. Margaret Barrie on her appointment as Consultant Neurologist to the Harlow, Brentwood, and Romford hospital groups and Warley Hospital;

Dr. George Lunty, Consultant Physician, East Birmingham Hospital, who has had the title of Honorary Lecturer in Medicine, University of Birmingham, conferred on him; and

Dr. J. L. Reed, who has been appointed as Consultant Psychiatrist to the Hackney and Queen Elizabeth group of Hospitals, and as Senior Lecturer at St. Bartholomew's Hospital Medical College.

FEBRUARY

5th	M.	1.00	Clinical Lecture. Mr. CRABBE. "Amputations."
6th	Tu.	8.00	Music Circle. Music Room. *"Variations on a Theme"*, by Graham Brown.
8th	Th.	1.00	Clinical Lecture. Mr. GLOVER.
9th	F.	1.00	Clinical Lecture. Dr. G. M. FENICHEL. (Dept. of Neurology, Children's Hospital, Columbia, Washington, D.C.) "Infantile Hypotonia."
13th	Tu.	1.00	Clinical Lecture. Dr. J. S. CAMERON. "R.I.pH."
15th	Th.	1.00	Clinical Lecture. Dr. HOARE.
		5.00	Neurosurgical Round. Mr. P. SCHURR. Clinical Theatre.
16th	F.	1.00	Clinical Lecture. Dr. KAUNTZE. "High Blood Pressure."

THE SCHOOL DENTAL SERVICES

The Lizards Tail

by

Paul W. F. Lambden

From the earliest days of the School Medical Service, the condition of children's teeth has been investigated by local authority medical staff, and the development of the School Dental Service has been more in its expansion and technical advance, than in its attitude towards fundamental factors. Since it began there has been a tremendous change in public opinion regarding dental treatment for school children, which has been reflected both in the attitude of the central and local authorities and in the amount of money provided by them for the service.

History

First developments in a schools' service occurred around 1870 when dentists were appointed to such Public Schools as Marlborough, Haileybury, Wellington, Felstead and Mill Hill. The idea of systematic inspection of children's teeth was therefore beginning to take shape in the great independent foundations. By 1898 a few dentists were working in a small way in a number of Poor Law Schools and Institutions, but met with much opposition. At the turn of the century a trio of fashionable private practitioners, Wallace, Thomson and Breese, produced a programme of Dental Health Education and instituted the scheme at their own expense "in the face of sublime apathy and ignorance not only on the part of the poor, but of doctors and public men and women".

The true value of regular dental care was driven home at the start of the Boer War when 2,451 British Troops were invalided home as a result of oral infections. The War Office commenced advertising temporary positions for Dental Surgeons at the Front, the first to be appointed being Mr. Newland Pedley, Dental Surgeon to Guy's Hospital. The work-house children were the great reservoir for the services and the necessity for dental treatment to keep the potential recruit physically fit was emphasized by the newly-founded School Dentist's Society.

School Dental Treatment

In the early 1900s there were several moves to establish a Schools service, one of the pioneer dental clinics being established in Cambridge in 1907. It comprised two small rooms, one being used as a waiting room and the other a surgery. A dental officer was appointed and he inspected and treated local school children between the ages of five and nine years.

The success of the clinic was watched with great interest by the Board of Education with a view to providing a country-wide service. Experiments, sanctioned by the Board of Education, were set up and school dentists were appointed under the supervision of school medical officers. Precautions were taken to ensure that only those children were treated for whom adequate provision could not otherwise be made. By July 1912, twenty-nine local education authorities had organized school dental inspections, although only six of them employed a full-time dentist. In many cases dentistry was performed in hospitals or voluntary associations, supported by contributions from local authorities. Parents were expected to contribute to the cost of the treatment (Fig. 1).

Average Income of Family	Charges per attendence for fillings and/or extractions
Under 20s. per week (or less than 3s. per head)	Free.
From 20s. to 25s. per week.	3d.
From 25s. to 30s. per week.	6d.
From 30s. to 40s. per week.	1s. to 2s. (according to circumstances).
Above 40s., no treatment was given at the clinic.	

Fig. 1. Diagram to show the scale of fees charged at a Dental Clinic in Worthing, Sussex (ca. 1912).

By 1914, the number of local authorities sanctioning school dental treatment had risen to 130 and the number of dental surgeons was by then 250.

Mobile Clinic

In 1914, the County of Norfolk provided the first mobile clinic (Fig. 2). This "travelling dental van" was horse drawn and enabled dental treatment to be provided for children in more remote areas. In Devonshire, the problem of rural schools was tackled by using portable equipment transported in a specially constructed waterproof case fixed to a car.

During the 1914-18 war the development of the service continued unimpaired and by its termination the number of dentists employed was approaching 300.

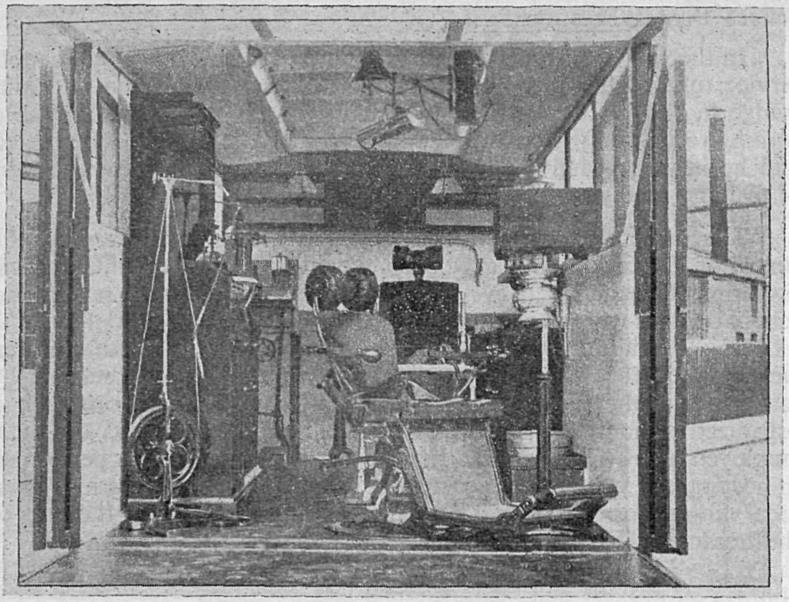


Fig. 2. The interior of a "travelling dental van" similar to those introduced into the Schools service by Norfolk County Council in 1914. (Reprinted from the *British Dental Journal*, January, 1917.)

The Education Act of 1918 made provision for dental treatment for children in public elementary schools by all local authorities and this date therefore marks the formation of a nation-wide schools service. There was, however, an awareness of the acute shortage of dentists available for school work and a government-appointed committee reported that suitably trained dental dressers, under the supervision of a dentist, would be usefully and safely employed in school dental work. There was much opposition within the Dental Profession to dental dressers, but the Dentists' Act of 1921 made provision for their employment in the Public dental service. The dresser scheme failed within a few years because of the limited scope of their work and later regulations which further restricted them.

Dental Health Education

During the 1920s school dental schemes were introduced by more local authorities and each successive year showed an increase in the number of school dental officers and of dental clinics. There was at this time still a very low consent rate (as measured by the number of children who accepted dental treatment) so that a serious shortage of school dental officers appeared to provide a superficially adequate service. Many dental officers undertook to publicise dental health education amongst parents and in 1924 the Dental Board issued its first dental health leaflet.

By the late 1920s, schools dentistry still consisted of filling teeth with amalgam and performing large numbers of extractions under general anaesthesia (nitrous oxide administered alone, using a nasal inhaler). Orthodontic treatment was not performed except by judicious extractions.

Orthodontics

In 1929, a pioneer orthodontic scheme was initiated in the Borough of Heston and Isleworth and in a short time its success became evident. An orthodontic specialist was appointed and all school dentists were recommended to perform simple orthodontic work wherever possible.

By 1933, there were nearly 1,300 school clinics and of the 316 local education authorities, all but four had a school dental scheme. Conditions of salary and equipment were improving and a large number of dental officers were appointed. During the ten-year period, 1926—1936, the ratio of children per dental officer improved from one officer per 10,000 children to one officer per 7,500 children. The condition of the service improved consistently until the start of the second world war.

The advent of war disrupted the schools service. The expansion plan for clinics stopped abruptly, and the evacuation of large numbers of children naturally caused problems. School dental officers were also called up for services in the forces, leaving a somewhat depleted staff. Yet the remaining dental officers managed to maintain a satisfactory service throughout 1939-45. In 1944, the Education Act made dental inspections compulsory for all pupils attending maintained primary and secondary schools. All local authorities were required to appoint a Senior Dental Officer, who was to submit an annual report. A standard dental record card was also prepared. These measures were introduced in 1947 and were well received.

After the war, shortage of premises led to the use of large numbers of mobile surgeries. These caravans were wired to draw electricity from schools, to enable electric engines, sterilisers, etc., to be used and were fitted with water and drainage points. Apart from the obvious restrictions on space and operating, conditions were comparable with and in some cases actually better than those in a fixed clinic.

N.H.S. Act, 1948

Having reconstituted its depleted staff following the war, the School Service was once again faced with disaster when, on July 5th, 1948, the National Health Service Act came into operation. This provided the general public with a comprehensive dental service free of charge. Practitioners were inundated with patients requiring conservation work and dentures. Many school dentists resigned to enter private practice because of the higher remuneration obtainable. In the eighteen months immediately following the introduction of the Health Service, the number of School Dental Officers fell by one-fifth. This loss of school dental officers continued and by 1950 four local authorities were without any full-time dental officers.

In 1951, the position stabilised, this being associated with the settlement of a national scale of salaries for dental officers employed by local authorities. At this point, a charge for dentures under general dental service arrangements was introduced and this also had an effect. More part-time school dental officer appointments were taken up and the proportion of part-time officers has increased up to the present day.

In 1952, the trend towards the loss of school dental staff was reversed and by the end of 1953 the number of full-time equivalent staff had risen by one quarter.

In 1953, sweet and sugar rationing ended. Local authorities started detailed surveys of caries incidence. These surveys have shown marked deterioration in the condition of children's teeth for the period 1948-1953. This deterioration has been maintained during subsequent years.

By the end of 1955 the number of full-time equivalent school dental staff had reached 1,000. This enabled the service to function with more efficiency than had been possible previously, although the number was still far below the number actually required.

Dentists' Act, 1956

In 1956, the Dentists' Act established, in place of the Dental Board, the General Dental Council with full disciplinary powers over dental surgeons. The profession thus became self-governing. The Act also made provision for trial of a new class of ancillary dental workers to undertake filling of teeth and extraction of deciduous teeth and to be employed to do such work in the course of the provision of national and local authority health services. A school was opened in 1960, and, following the success of the auxiliaries in health centres, a report was submitted by the General Dental Council to the Privy Council who decided that auxiliaries were of use to the community. Regulations concerning their conditions of employment are now being prepared. Hygienists have also provided a valuable contribution in the treatment of children and have assisted, both in the improvement of periodontal conditions, and in educating children in the methods of good oral hygiene.

Despite the increase in the number of children attending maintained schools, the improvement in the staffing of the school dental services has resulted in an overall reduction in the number of pupils per full-time dental officer up to 1965 (Fig. 3). But will this reduction

Year	No. of School Dental Officers (full-time equivalent)	No. of pupils Maintained Schools x 1000	No. of pupils per Dental Officer
1959	1,016	6,901.2	6,792
1960	1,030	6,824.3	6,722
1961	1,069	6,961.5	6,513
1962	1,165	6,965.3	5,978
1963	1,215	6,925.3	5,699
1964	1,243	7,033.7	5,659
1965	1,264	7,092.2	5,609
1975		9,295.7 **(estimate)**	

If the figure for the number of pupils per dental officer is even to remain constant (the figure of 5,600 is still much too high) then another 400 dental officers must be appointed before 1975.

i.e.

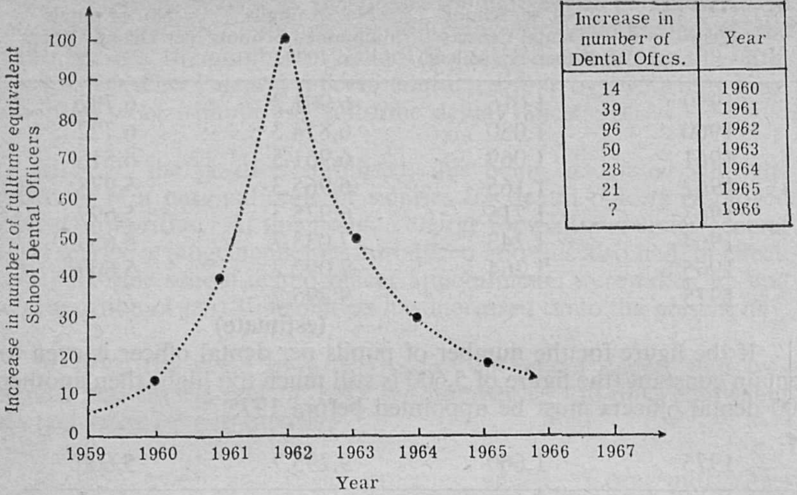
1975	1,660	9,295.7	5,600

Fig. 3. *Diagram to show the number of pupils per full-time equivalent School* Dental Officer. (Modified after Table II p. 97, Health of The School Child, 1964—1965.)

continue? Current statistics suggest that it will not. If a graph of the increase in the number of School Dental Officers against the year be plotted (Fig. 4), it will be seen that the number appointed has been reduced during each of the past four years. Also to be taken into consideration is the fact that the number of school children at maintained primary and secondary schools is rising at an ever-increasing rate each year and Government statistics indicate that an extra two million children will be undergoing primary and secondary education in 1975. (Statistics of Education, Table 7(3) pp. 14—18.) If recruitment to the Schools Dental Service is not improved its complete breakdown in certain parts of the country will be inevitable. There are a number of measures which may be adopted and implemented without difficulty to resuscitate the service.

The Problem

Obviously the number of School Dental Officers must be increased to cope with the increasing number of children. In a circular published in 1944, the Board of Education recommended that there should be a *minimum* of one Dental Officer to 5,000 children in an Urban area, and 4,000 children in a rural area. It can be seen from Fig. 3 that in 1965, the figure for the national average was still much higher than that recommended 21 years earlier, and is only dropping at a very slow rate. Not all counties are short of School Dental Officers. The County of Cornwall provides an efficient service with modern equipment and a complete staff (Fig. 5) and by the end of 1966, the number of school children per dental officer was 1 to 4,400, well below the national average. However, in Cambridge, there is a serious shortage of staff, which is resulting in the service reaching the stage of being used solely for the emergency extraction of aching teeth.



Increase in number of Dental Offcs.	Year
14	1960
39	1961
96	1962
50	1963
28	1964
21	1965
?	1966

Fig. 4.
Number of full-time equivalent Dental Officers appointed during the period 1959-1966

(*a*) (*b*)

Fig. 5. A well-equipped School Dental Service unit at Truro in Cornwall. (*a*) A surgery; (*b*) The laboratory where technical work is carried out.

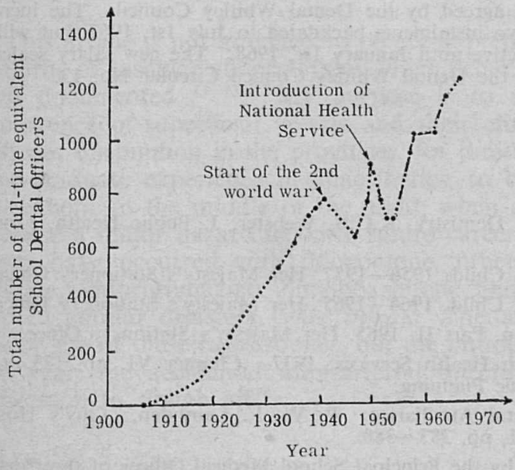
Salaries of School Dental Officers must rise before the breakdown occurs, but there must also be some kind of incentive or bonus scheme to encourage dental staff to work in the so-called depressed areas; it is in these areas that there may also be a shortage of Private Dental Practitioners, possibly resulting in a large section of the under-21 population receiving less than adequate dental treatment.

Adoption of such expedients would lead to the salvation of the service over a period of time, but one short-term answer to the problem might be to establish a system whereby newly-qualified Dental Surgeons worked for an arbitrary period of (say) one year in the service by way of a pre-registration appointment, the machinery to institute the system to be based on the same principle as that governing newly-qualified medical practitioners. Apart from the contribution to the resolution of the staff shortage, this might provide a useful introduction to Dental Surgery for the graduate. Furthermore, if these positions were recognized for the F.D.S.R.C.S. qualification, then they might not be unacceptable to the greater proportion of students when they qualify.

Dental Auxiliaries

The implementation of the Auxiliary scheme has also contributed much towards an immediate increase in the amount of treatment available for children. Auxiliaries might eventually provide by their use alone, a complete answer to the staff shortage, since one full-time dental officer could supervise the work of several of the girls. However, if Auxiliaries were to be used to that extent then further schools would be required to be set up to train the increased number necessary and at the present time no such plans for developments of this kind exist.

Historically it is evident that the Schools Dental Service has had a fluctuating existence since its conception in the late nineteenth century (Fig. 6). Although an indispensable social service, it has in many ways been treated as an insignificant tributary, cut off from the main stream of dental practice, and the importance of treating children, when the incidence of caries is at its highest, and instructing them in correct oral hygiene, has not been carried out to the full, although an



Year	Full-time equivalent Dental Offcs.
1907	1
1924	260
1932	555
1934	604
1936	705
1937	747
1938	783
1945	634
1947	752
1948	880
1949	732
1950	717
1951	713
1953	945
1955	1,008
1962	1,165
1965	1,264

Fig. 6

Fluctuations in the number of full-time equivalent School Dental Officers related to external influences since initiation of the Schools Service in 1907 admirable job has been done with the staff and equipment available. If the service is to survive, and be fully functional, more dental surgeons must be appointed because to render dentally fit the 7¼ million children at present at schools throughout the British Isles is an immense task. The schools service must no longer be regarded in any way as a service for the treatment of the children of the poor. It must be decided how the service is to develop; whether it has now reached the end of its useful life, or whether it is to be expanded and developed to provide a specialised, consultant paedodontic service second to none. The service cannot continue to exist unchanged; but if change is to occur, it needs assistance. Without this assistance, then despite the energies of the men who have worked so hard to make it a success, one of the most valuable of the country's community services will surely be faced with extinction.

Is the service to continue to be looked on as the lizard's tail; that appendage which is so useful when required but so easily shed when expedient.

Acknowledgement.

I would like to extend my thanks to Mr. D. H. Norman, B.D.S., L.D.S., R.C.S., Chief Dental Officer for the Borough of Hounslow, for all his encouragement and assistance in the production of this work.

Note. Since the writing of this article, a new scale of salaries for Public Dental Officers has been agreed by the Dental Whitley Council. The increases will be paid in two instalments backdated to July 1st, 1967, but will not become fully effective until January 1st, 1968. The new salary scales are set out in full in the Dental Whitley Council Circular No. 13.

REFERENCES

1. The Story of School Dentistry. K.C.B. Webster, J. Public Health, January, 1947.
2. Health of the School Child, 1956—1957. Her Majesty's Stationery Office.
3. Health of the School Child, 1964—1965. Her Majesty's Stationery Office.
4. Statistics of Education, Part II, 1965. Her Majesty's Stationery Office.
5. Report on the British Health Services, 1937. Chapter VI, pp. 183 *et seq.* Political and Economic Planning.
6. The School for Dental Auxiliaries. P. W. F. Lambden. Guy's Hospital *Gazette,* Vol. 81 2061, pp. 383—388.
7. Annual Report 1966 by the Principal School Medical Officer of the Cornwall County Council. Cornwall County Council, 1966.
8. The Geographical Distribution of Dental Care in the United Kingdom. Paula J. Cook, R. O. Walker. B.D.J., Vol. 122, Nos. 10, 11, 12, 1967.

Aberrant Superficial Vessels in the Forearm

by

K. J. W. Taylor

(Department of Anatomy)

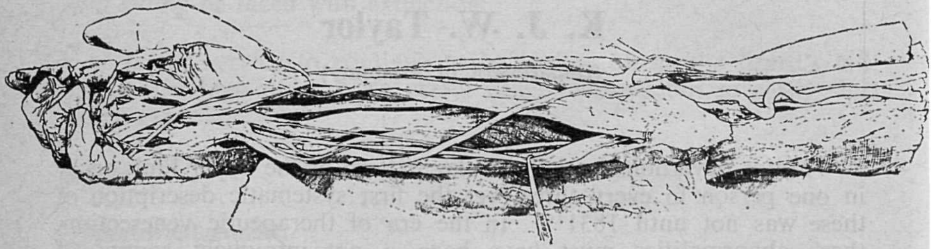
Major deviations in the vascular pattern of the upper limb occur in one person in every three, yet the first systematic description of these was not until 1831[16]. In the era of therapeutic venesection, these abnormalities must have been a not infrequent source of embarrassment to the barber-surgeons. To these gentlemen, the bicipital aponeurosis was known as the "Grace à Dieu", since it protected them from incising the underlying artery. One can perhaps imagine the look of pained surprise on the barber's face as he cut into a superficial ulnar artery. Yet it is especially in the last twenty years that these abnormal vessels have gained great importance as the most common cause of accidental intra-arterial injection resulting in gangrenous extremities.

This article is not intended to be a comprehensive review of all the patterns of vascular abnormalities which occur, since these are already well documented [11, 13]. My purpose is to remind students of the occurrence of superficial vessels and their clinical importance. It is still not uncommon in the provinces, for junior hospital staff with no post-graduate experience in anaesthetics, to be requested to give an anaesthetic in the middle of the night, when an abnormal vessel can become a major hazard to one's future career. Although most accidents have occurred with thiopentone, other drugs, including promazine, chlorpromazine, amylobarbitone and contrast media have caused similar disasters (*vide infra*). The antecubital fossa is the major site of these catastrophes, but the buttock is not immune. Only last year, the accidental intra-arterial injection of penicillin caused a buttock to slough off[10].

Incidence

In 1844, Richard Quain, Professor of Anatomy at University College, found vascular anomalies in 19.5 per cent of 481 limbs[13].

Later writers found a similar incidence. These are reviewed by MacCormack [11], who found in 750 limbs, an incidence of 18.5 per cent, of which three-quarters were unilateral. Thus there were major vascular anomalies in one-third of all cadavers examined. These abnormalities are of three types: 81 per cent involve the origin or course of the radial artery, 12 per cent involve similar abnormalities of the ulnar artery, while the remaining 7 per cent involve anomalies of the brachial trunk [11]. I intend to dwell only on those of clinical importance.



Superficial Radial and Ulnar Arteries

The main abnormality of the radial trunk is that of high origin. This anomaly acquires clinical importance when the abnormal artery establishes an anastomotic communication with the brachial artery in the antecubital fossa, which may pass anterior to the biceps tendon. This anastomosis occurs in 2.7 per cent of limbs [11, 13]. With the arm hyperextended ready for injection, this vessel invites injection as the "median cubital vein".

The established favourite for accidental intra-arterial injection is the superficial ulnar artery. This may arise at any level from the axillary or brachial artery. Whenever it arises abnormally high, then its course is superficial. Then this artery courses on the medial side of the tendon of biceps, lying in front of the brachial artery. It crosses the origin of the flexor musculature from the medial epicondyle where it may lie either superficial or deep to the deep fascia. Hazlett[6] examined 542 arms of Canadian medical students in whom he found a superficial ulnar artery in 2.7 per cent. A well-marked vein always accompanied it closely on one side or the other. On inspection, pulsation could be seen in only one-quarter of these, but could be felt with little difficulty in all. It may comfort any who emigrate to China or Japan that the incidence of superficial ulnar arteries in the Oriental races is only 0.7 per cent[1].

Superficial Brachial Artery

A superficial brachial artery is present in 1.0 per cent of all limbs. This artery lies in front of the median nerve. In the foetus, a superficial brachial artery is constantly present, arising from the avillary artery above and persisting as the definitive radial artery below[14, 15]. The upper part of this artery usually regresses but may persist to give this anomaly. The accompanying illustration shows two of these abnormalities. A superficial brachial artery is seen lying in front of the median nerve and gives off a superficial ulnar artery which lay in the superficial fascia, the bicipital aponeurosis being abnormally short.

The antecubital fossa is the happy hunting ground for the inexperienced in search of a superficial vein for injection. It should be recognised as a dangerous one. Even normal vessels can easily be injected. The total incidence of superficial arteries in this region is 6.0 per cent, yet on inspection of the limbs of 200 soldiers, one in eight showed arteries which could easily inadvertently be punctured[8].

Irritant Agents

Cohen[2] collected twelve cases of accidental arterial injection, of which a half ended with forearm amputations. Most of his cases were with 10 per cent thiopentone but some were with 5 per cent. One of these was a boy of five who was only admitted for tonsillectomy. Another was an infant who was infused Hartman's solution and 5 per cent dextrose into an anomalous artery, resulting in forearm amputation. More recently, other drugs have been incriminated as a cause of gangrenous extremities. Opinski[12] reported two cases following the administration of Promazine (Sparine). The dose on each occasion was 25 mg. and both were reported as being injected into the left antecubital vein. However, the sequence of events following, both in symptoms and signs, were so characteristic of intra-arterial injection that it is almost certain that the injection was made into an anomalous artery. One resulted in gangrene from the wrist and the other in gangreen of a finger. Hager[5] this year reported another case of injection of Promazine into an antecubital vessel resulting in amputation of the thumb. He also reported Merperidine and Promethazine injected in the cubital fossa resulted in forearm amputation. Hodges[7] reported an accidental periarterial injection of chlorpromazine (Largactil), destined originally for the biceps muscle, resulted in loss of the forearm and the patient died of uraemia. These reports involving the phenothiazines are of particular interest since the patient who requires these drugs intravenously, is almost by definition, unlikely to co-operate in their administration. It is under these very conditions that anomalous vessels are least likely to be considered and hence most likely to be punctured.

Symptoms, Signs and Treatment

In May of this year, the Journal of the American Medical Association summarised the sequence of events following the intra-arterial injection of irritant materials. Immediate pain occurs, burning in quality, radiating from the injection side into the hand. The skin blanches, becomes cool and the arm paralysed[3]. Good pulses may be present even in the presence of frankly gangrenous extremities. Experimentally, it appears that the early damage is in the small arteries, arterioles and capillaries[4]. The skin then shows purple blotches and oedema appears, becoming maximal in 12 to 24 hours. This oedema may cause ischaemic muscle necrosis or median and ulnar nerve palsies unless relieved by fasciotomy.

The American treatment is summarised by sympathetic blockade, anti-coagulation, fasciotomy, if necessary, or intermittent external positive pressure to prevent oedema and thus obviate the necessity for fasciotomy. Even so results are poor. To the above treatment, many would add the immediate intra-arterial injection of Procaine but there is little evidence that this is useful[9].

Precautions

In conclusion, all who give intravenous injections should regard the antecubital fossa as a dangerous area with frequent anomalous superficial vessels. If they do inject there, then the lateral side of the fossa is safer than the medial side. Pulsation must be felt for and only a small quantity should be injected before inquiring for any discomfort. Finally, their medical defence subscriptions should be punctually paid.

Acknowledgments.

I am grateful to Mr. E. O. Z. Wade for his excellent drawing of the dissection.

REFERENCES

(1) Adachi, B. Das Arteriensystem Der Japaner. p. 343, 1928.
(2) Cohen, S. M. The Lancet. 255 p. 361 and 406, 1949.
(3) Editorial, J.A.M.A. 200, 788, 1967.
(4) Engler, H. S. *et al.* Arch. Surg., 94, 644-651, 1967.
(5) Hager, D. L. Arch. Surg. (Chicago). 94, 86, 1967.
(6) Hazlett, J. W. Canad. Med. Ass. J., 61, 289, 1949.
(7) Hodges, R. J. B.M.J., 2, 918, 1959.
(8) Jacobson. Personal communication to Cohen.
(9) Kinmouth, J. B. *et al.* B.M.J., 2, 914-918, 1959.
(10) Knowles, J. A. Am. J. Dis. Child, 111, 552-556, 1966.
(11) MacCormack, L. J. *et al.* Surg. Gynae. and Obsts., 96, 43, 1953.
(12) Opinski, *et al.* J.A.M.A., 168, 1224, 1958.
(13) Quain, R. The Anatomy of the Arteries of the Human Body. London 1844.
(14) Senior, H. D. Anat. Rec., 32, 220, 1925.
(15) Singer, E. 1933 Anat. Rec., 55, 403.
(16) Tiedemann, F. Manual of Angiology. Edinburgh, 1831.

NOTICES

Annual Dental Dinner

The Annual Dental Dinner will be held in The Park Lane Hotel, W.1 (nearest tube station, Green Park) on Saturday, March 2nd, 1968 (7.0 for 7.30 p.m.). The President, Mr. F. S. Warner, will be in the chair. The cost is £2 7s. 6d. (exclusive of wines) and those who wish to attend this function should write to:—The Hon. Dinner Secretary, Dental School, Guy's Hospital, S.E.1. Payment should be by crossed cheque only and made payable to Guy's Hospital Dental Society. To help with seating arrangements, please give your year of qualification and with whom you would like to sit.

Residents' Play

I have the pleasure of informing your readers of the details of this year's Residents' Play, "Tse Wen", by Ian McGill. It will be performed in the Physiology Theatre at 8 p.m., from February 19th to 23rd.

Tickets may be obtained by written application to me. I would stress that early application should be made, because the demand for seats is always greatly in excess of those available.

The closing date for applications is February 13th.

J. F. SEARLE,
President of the Residents

Paediatric G.P. Course

The British Postgraduate Medical Federation will hold a week-end course in paediatrics for general practitioners and local authority medical officers entitled "Paediatrics". This will take place at the Evelina Hospital on Saturday, March 2nd, and Sunday morning, March 3rd. Applications for a place on the course should be made to the Hospital Secretary, Evelina Children's Hospital of Guy's Hospital, Southwark Bridge Road, S.E.1, as soon as possible.

Annual Rugby Club Ball—1968

Tickets will soon be available for the above event, to be held at Quaglino's, Bury Street, S.W.1, on Thursday, March 14th, 1968 (9.00 p.m. to 2.00 a.m.).

Price—4½ gns. (students and nurses); 5 gns. (others).

Enquiries to B. J. Rowlands or W. W. Davies, East Wing.

The Music Club

There will be a Concert, given by the Music Club, on March 12th. The programme will include *"The Pilgrim's Journey"*, by Vaughan-Williams, and performances by small groups or soloists. Anyone interested in taking part or helping in any way, please contact the Secretary, or Nigel Winter, c/o The East Wing.

New singers from all departments of the Hospital will be most welcome at our rehearsals, which are held every Tuesday at 5.0 p.m. in the East Wing.

Theatre Club

The Theatre Club this term is putting on three One-Act plays each evening of the week Monday February 26th, to Friday, March 1st, at 7.30.

The plays will be "The Bear", by Chekov, "The Apollo of Bellac", by Jean Giradoux, and "The Dumb Waiter", by Harold Pinter.

Free tickets will be available in the near future in the Colonnade at lunchtime, or by direct application to the House Manager, The East Wing, Guy's Hospital.

All your fees paid, plus £730 a year and allowances, while a Medical student.

As a Medical Cadet in the Royal Army Medical Corps, all your tuition fees are paid by the Army. In addition, you are paid £730 a year, and are eligible for allowances.

You can apply for a Medical Cadetship if you have passed your second M.B. or its equivalent, are under 25, and have a place at a medical school in the United Kingdom or Eire. If you are about to take your second M.B., you may still apply; but your acceptance will be conditional on your passing the examination.

If accepted as a Medical Cadet, you are given the probationary rank of 2nd Lieutenant. On qualification, you are promoted Lieutenant, and are paid as such while you fulfil your pre-registration appointment—either at a civilian hospital of your own choice, at the Queen Alexandra Military Hospital, Millbank, or the Cambridge Military Hospital, Aldershot. After being fully registered, you are promoted Captain, and take up your duties in the RAMC.

Your obligation is then for five years of service on a Short Service Commission. During those five years, you will have a good chance of travel, make many friends, have ample leave (six weeks' paid leave a year, with a locum provided by the Army). During that period you can, if you like, apply for a Regular Commission. Or you can leave the Army for civilian practice, the richer for some valuable experience of General Practice—and for a tax-free gratuity of up to £2,600 according to period of cadetship.

For further information about Medical Cadetships, or to arrange a meeting with an RAMC Officer to answer any questions you may have write to: Colonel E. L. O. Hood, MB, Ministry of Defence (AMD2), Dept. 086, Lansdowne House, Berkeley Square, London, W.1.

REVIEW

The Doctor's Dilemma

In this production, the play is brought up to date with the substitution of sex's in one character, so that the great surgeon Walpole is a female, and references to consultants were made in a change from the original script. The play does not need this. One of the most entertaining exercises in reading Shaw is to see how apt and topical his opinions are, in this case 60 years, after he wrote them down. This kind of play is difficult for people who have a medical background to perform as the actors must show that the characters believe what they are saying and yet by doing so they denigrate their own profession. Peter Southall, as Dubedat, gave a very careful performance, but did not give the impression that he had ever associated with art students or bohemians, and was more like a young rebel medical student than an artist, although his death scene was very well done indeed, and anyone who has to die twice deserves special commendation, be it only on the stage. Donald Palin, as Ridgeon, had a difficult part and was very earnest particularly when meditating on his second dilemma of whether his wonderful treatment of tuberculosis really worked. Howard Fleet was consistent as the elderly retired Sir Patrick Cullen but seemed to find the voice difficult, perhaps as I saw the Friday performance he was a little hoarse, but he did find it difficult to show consistent old age, particularly from the neck down. Anthony Blinkhorn showed experience and polish as B.B. until it came to the "funny bits". These he knew were good for a laugh and he was going to enjoy the joke with the audience; of course, "stimulating the phagocytes" is funny but Sir Ralph Bloomfield-Bonnington believed in it, Anthony Blinkhorn did not. Jane Quinn coped well for a part written for a male but was too quiet on occasions, but she showed the same acquired casualness and confidence in her acting as may be seen in some of our present surgeons. Elizabeth Moir, apart from looking very prosperous and unexciting for the wife of a poor artist, gave a very genuine performance and had decided to play the whole piece on a monotone, except the last scene when she really showed that she was a woman.

The overall impression was that all the characters were getting on with their parts but there was no sense of urgency, and as one of the main themes was to treat a dying man this idea of getting on with the whole business was lacking, and the play appeared sluggish, the words were slowly spoken and deliberated upon, and this seemed to affect the attitudes so that the cues seemed to be slow with spaces between the parts of the dialogue. Despite all this, the play came over well and praise must be given to the producer for ensuring that it was enjoyable throughout. The set was very good and all the supporting jobs were obviously carried out with a thoroughness that must have been encouraging to the cast, as there did not appear to be any slips in the lighting, stage management, make-up, or all the others that go on in the background.

The intention of going to any production is to be entertained, and no one can truthfully say they were not if they saw the December production of "The Doctor's Dilemma".

Peter Ayling

CORRESPONDENCE

It seems to depend . . .

SIR,—When Mr. Muggeridge resigned from the Rectorship of Edinburgh University there were many interesting issues which could have been discussed, and the comments in Passim (20 January) were very disappointing in their appalling style and superficiality. Surely our profession could provide some serious debate on interesting matters and show some evidence of sympathetic understanding of people.

There may be more promiscuity than there was, or there may not be. It may do those who practise it harm in this world or the next, or it may do less than we think. Who knows how harmful was the earlier encouraged sexual asceticism, or the suffering resulting from illegitimate pregnancies not prevented by contraception? There is more drug-taking among a few, but more money and education among the many—is there a connection? I do not know the answers, but the questions can be explored reasonably.

There are no rebels on a desert island—rebels protest against a system, and it would be wise to consider how admirable is our present society before condemning the romping, raving, cavorting, drug-taking, promiscuous, irreverent, erring, irresponsible youth (your epithets). Rebellion in Nazi Germany was admirable; those rebelling against or trying to have nothing to do with our society deserve our efforts at comprehension, at the least.

I do not approve of dropping out of responsibility but I can go some way towards understanding people who say they will have nothing to do with a society which manufactures nuclear bombs, officially supports the war in Vietnam and almost worships affluence.

In every age students have enjoyed themselves, been condemned for it, and later become conservative responsible citizens. I suspect they will continue to do so, and long may they continue to sing:—

Gaudeamus igitur, iuvenes dum sumus;
Post iucundam iuventutem, post molestram senectutem,
Nos habebit humus.

Yours, etc.,

ANDREW C. SMITH

York Clinic,
Guy's Hospital,
London, S.E.1.

. . . on your point of view

SIR,—You are to be congratulated on the Passim "Our Mentors and Guides . . ." It is refreshing to see the *Gazette* beginning once again to speak responsibly and with vigour on such topical issues.

Yours, etc.,

ALLISTER VALE

East Wing,
Guy's Hospital.

Kumi Leprosy Centre

SIR,—Before I knew that the article on Leprosy was going to be printed in the last edition of the *Gazette,* it was suggested that, by means of your Correspondence Column, I should bring to notice that there is now, in fact, no doctor at Kumi Leprosy Centre. I hope that last week's article conveyed the wide scope of work and interest that this appointment offers, and that without a Medical Superintendent, the outlook of this large centre and the area it serves is bleak. There are good medical facilities, a very nice Hospital, and a fully-equipped Theatre and Laboratory; the amount of work is directly proportional to how much one wishes to do, and, as was pointed out, the development of the outreach work in a large district, about half of Uganda, is of prime importance. The Centre was a Missionary foundation, but is now controlled by it own independent Board of Governors. Up to date, the salary has been on the missionary scale but it has been agreed that this should be raised to the scale of Government Medical Officers, if money is made available from the interested supporting Societies. It is obviously in the Centre's interest to have a doctor on a permanent basis, but failing this, I suggest to those who wish to spend some time abroad, either a recently qualified doctor or else an older man interested in a change in environment, that this appointment offers both a wealth of interest and experience, where no previous experience is necessary, and will also meet what has become a very urgent need.

If anyone wishes any further details, please write to me at the address below.

Yours, etc.,

G. T. D. MOORE

Three Star Cottages,
Lingfield, Surrey.

Cry the Beloved Country

SIR,—In 1966 my advertisement in the *Gazette* for an assistant to help me and succeed me in my dental practice in Johannesburg, South Africa, raised a hornets nest. I can now employ two assistants and therefore write with some trepidation, but not without hope, that you will kindly publish this letter and repeat my advertisement (leaving out that controversial word if you wish!)

Here in South Africa we enjoy personal and professional freedom and practise our profession in conditions unharassed by bureaucratic restrictions and irritations. The loyalty and devotion of patients who know that they mean, and have always meant, much more than just another mouth, is something to be valued above all the £ s. d. that can be ground out of the N.H.S. with its soul destroying and stultifying monotony duly recorded in triplicate on the prescribed forms under the ominous shadow of the Regional Dental Officer.

One of a third generation of well-known dentists practising in or near London for over 130 years, I sold my flourishing Streatham practice 32 years ago and settled in Johannesburg. It was a gamble, and I had a young family to support. Today I look back with satisfaction and gratitude to all the good things I have experienced in this rich and lovely land which I now call my own.

Surely the spirit of pioneering and adventure, which has so characterized the British Nation in the past, is only sleeping. Could it be that this letter will awake some of your readers to make a change from your beloved but cold, crowded, overtaxed "land of hope and glory" to sunny, prosperous South Africa?

I hope to be in London in February and March for the purpose of interviewing anyone interested. Meanwhile I will reply to enquiries about South Africa in general—or the job in particular—addressed to your faithful contributor.

Yours, etc.,

DR. CLIFFORD PEDLEY

1410 Rand Central,
Jeppe Street,
Johannesburg, South Africa.

[Mention is made of Mr. Newland Pedley, father of Dr. Clifford Pedley, in the article on "School Dental Services" which appears on page 58—EDS.]

Our Loss, Their Gain

SIR,—With your usual courtesy you congratulate (issue of 20th January, 1968) Dr. J. R. Batchelor, Dr. P. R. Evans and Mr. K. J. Gilchrist on receiving various recognitions of their merits.

In this I am happy to join you, but there are many at Guy's who feel your unqualified expression of delight at Dr. Batchelor's translation to East Grinstead is out of place because for Guy's the loss of his skills is indeed regrettable.

Yours, etc.,

R. C. MACKEITH

35, Bloomfield Terrace,
London, S.W.1.

Unveiling Unattended

SIR,—This afternoon there was at Guy's a surely important, if not historic, event.

The President of the Royal College of Surgeons, Prof. Sir Hedley Atkins, unveiled the portraits of four of Guy's greatest men.

It was sad enough that no Guy's physician could be present, but I feel it scandalous that no more than a dozen students could find the time to attend.

This time student Apathy has reached an all-time low.

Yours, etc.,

R. D. FORREST

East Wing,
Guy's Hospital, S.E.1.

Guy's Hospital Reports

The Editors of Guy's Hospital Reports wish to remind Gazette readers of the facilities offered by the Reports for the publication of papers.

The Reports has always maintained high standards of production so that material published in it is well presented. Over the years it has published numerous accounts of original work which are now recognized as landmarks in the story of medical advance. Apart from its Guy's readers it has a world-wide circulation to medical libraries and individual subscribers in 43 countries; its contents are abstracted from the Excerpta Medica publications and the British Medical Association's Abstracts of World Medicine and are also listed in the Index Medicus.

Many medical and scientific journals insist on strict adherence to subjects within certain fields or to the use of certain forms of presentation of material. The Reports has a liberal policy in this respect and is prepared to accept papers, provided they are of sufficient merit, in any branch of medicine or related subjects, presented in any reasonably appropriate form. The Reports too can often publish full details of an intensive study where other journals cannot find room for more than the barest essentials.

The Editors of the Reports are prepared to consider contributions from Guy's men working anywhere and papers of a review nature but would particularly welcome papers describing original work done at Guy's Hospital or Medical School. Papers describing single cases should present features of unusual interest or importance or have been made the subject of special observations.

Prospective contributors are especially asked to study the notice concerning the preparation of manuscripts which appears in each number.

NURSING SECTION

Worry

Worry, anxiety, harassment, fear, tension. How many times during the day does one experience at least one if not more of these states? Is the effect of the life we live, with its strains and stresses, the cause of these states, or have we been conditioned into them by genealogy?

We have attempted to relieve the tension by streamlining our lives, and allowing machines to take over the monotonous tasks that before used to give some relaxation by their sheer monotony.

We see fear in our patients on admission, and tension in the ward atmosphere when there is a crisis or a death. This fear is manifest in many ways, and how many of us really try to put the patient at ease. Many nurses admitting a patient ask the routine details, send him or her out to the bathroom or behind screens to undress, and then leave them to find their own way about the routine and geography of the ward. You may deny this by saying that the other patients who are established will go ahead and direct the new face to find his way around. We are taught to act as hostesses, but few nurses carry this out to anything but a very sketchy attempt. Nobody is too busy to say a few kind words of greeting and introduce themselves. Perhaps there would be less criticism of hospitals subjectively as an institution and more people would commend the objectivity of hospitals than they do now.

However, it is not only the patient who suffers alone with his fear. Every nurse has gone through the same misery of indecision when confronted by a new ward or another examination. Many nurses will remember how they had a poor night's sleep before being posted to a new ward. Unfamiliarity of surroundings and routine are the prime cause of this. Yet we are supposed to follow the same routine wherever we are working. This is a fallacy. All wards and departments have their own individuality—it would be a boring business if we did the same tasks day in, day out!

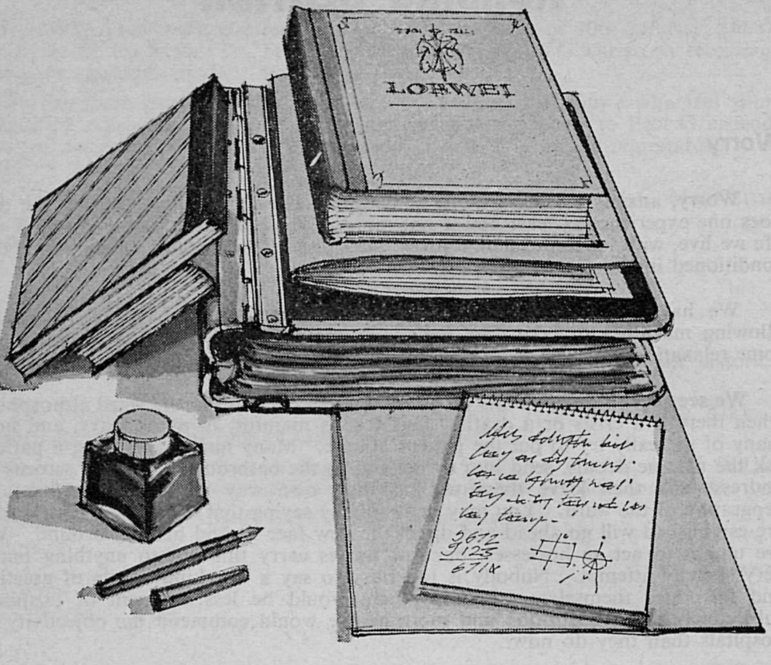
What can one do to help a nurse in new surroundings? One of the prime causes of nurse wastage is that of having to face responsibility too early in her training. It is virtually impossible to single out individual nurses and place them in conditions where the responsibility suits them.

It is true to say, albeit with little comfort, that many people have gone before, have emerged unscathed and, it is to be hoped, a little wiser.

It should be obvious to the readers of this article that there is only one way to help these anxious nurses. Don't expect too much of them until they have found their feet and settled in with your help.

This is not a sermon on kindness to one another. It is an effort to demonstrate how it may be possible to remove some of the fear which accompanies a patient or nurse placed in unfamiliar surroundings. No matter how busy we are, the work we do, which carries with it a great responsibility, will be lightened perceptibly, and the tension of frustration at the many interruptions which we have to accept, will seem to disappear with patience, humour and tact.

A kind word to the patient or to each other will reap its reward and allay fears by encouraging insight into the roots of those emotions—worry, anxiety, harassment, fear and tension.



When you have plenty to think about—a bank account makes life easier

You want your grant or allowance to go as far as possible, but you don't want to spend too much time worrying about it. And you needn't. A Lloyds Bank account helps you keep an eye on your spending—you plan your payments when you pay by cheque. You don't need to carry unnecessary amounts of cash around with you. And you have regular statements of account so you always know where you stand. Call at your local branch today.

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SPORT

HOCKEY

1st ROUND, HOSPITALS' SENIOR CUP
GUY'S HOSPITAL v. KING'S COLLEGE HOSPITAL

Result: won 7—1

Guy's fielded a strong team against King's in the first round of the Hospitals' Cup, Appleby returning from the London University side.

The game started evenly enough, Guy's pressing King's hard, although the latter at this stage held their own in defence. However, a long ball to Godfrey on the wing enabled him to find Appleby, who scored Guy's first goal. Following the bully off, Appleby pierced the King's defence on his own to score a sudden, brilliant goal. Shortly afterwards Godfrey supplied a good pass to Crafts, enabling him to score a good goal from an extremely narrow angle to make the score 3—0 to Guy's. A similar move lead to Crafts' second goal a short time later. For the last ten minutes before half-time, Guy's were unable to continue their goal-scoring spree, but began the second half 4—0 up. The play was ragged and second-rate for the first quarter of an hour of the second half, Guy's being unable to find each other in mid-field. However, Cripps, following up a short corner, scored a well-deserved goal. Shortly afterwards, Appleby, receiving a fine cross from Winskill, hit the ball on the up, to score in the top right corner of the goal and to complete his hat-trick.

Following this goal, Guy's relapsed into a short period of obscurity, allowing King's to break away and score their only goal of the match.

Just before the end of the game, Pearson, at centre-half, fed a long ball to Godfrey, on the wing, who crossed it to Cripps at the back of the circle, where he volleyed the ball into the goal to achieve the final score of 7—1 to Guy's.

On the whole a heartening performance for Guy's at the start of the Hospitals' Cup. I have to report that John Crafts made his last appearance in a Cup match for Guy's. We will miss him for his skill and stability in the centre of the field.

D. B. A. SILK

2nd ROUND U.L.U. CUP
GUY'S HOSPITAL v. KING'S COLLEGE, LONDON

Result: won 2—0

Guy's bullied off on a pleasant sunny day on an excellent pitch and went straight into the attack. After ten minutes, Appleby received the ball on the half-way line and proceeded up the field unhindered by the opposition to put the ball in the back of the King's net. Five minutes later, a quickly-taken 16-yard hit by Kendrick found Appleby, who sped away to score another individual goal surpassing his first. The remainder of the first half passed quietly, with no further score, and Guy's began the second half rather defensively. Players seemed not to be looking before passing and even free hits went astray. As a result, King's became much more dangerous than in the first half, and it was only because of some sterling work by the defenders, notably D. Crafts, Vellacott and Harvey, that Clark was never excessively bothered.

This was one of Guy's best games this season and they played well to beat a well-disciplined King's team that played with spirit and never gave up.

A. GILLHAM

GUY'S v. ROMFORD
Result: lost 1—2

Being the day after the Rose Ball, one might have expected to see only eight or maybe nine stuporose players managing to reach the East Wing on time. Far from it; only the secretary was a little off colour, and he had not been to the Ball! On arriving at Romford with a few minutes to spare we had a brisk warm-up, during which the Vice-Captain gave us his time-honoured party trick of dribbling expertly round the team. Unfortunately, while completing his final pirouette, he slipped, and with an unrepeatable oath, ended flat on his back in a pool of mud and water. Not to be deterred, he rallied the team round him and delivered a short oration entitled "Winning or Killing".

The game itself was admirable from all points of view except one: we lost our first game of 1968. Nevertheless, Romford are a very good club and had not everyone played really hard, we would have done much worse.

Some beer was laid on afterwards, and since certain members have recently given up driving, the British roads are a lot safer.

N. Dodd

GUY'S v. TULSE HILL II
lost 0—3

Guy's went to Tulse Hill with a weak side and lost to a far better team containing an international and four county players. Tulse Hill were better in all departments of the game and it is a credit to the defence that the score remained at 3—0. All the goals came in the first half. The first two Guy's can feel they were unlucky to concede as fouls by Tulse Hill preceded both of them. The third was a well taken goal by their left wing after Kendrick had failed to control a cross from the right. Guy's never looked like scoring in the first half and all looked relieved when the half-time whistle went.

In the second half Guy's defence closed its ranks and stood firm against almost continual pressure. M. Vellacott again played a very fine game and must take much credit for preventing Tulse Hill scoring again. The second half seemed to be a series of attacks by Tulse Hill with occasional break-aways by the Guy's forwards. Their best chance to score came when Dodd passed to Winskill in the circle with only the goalkeeper to beat, but he, alas, shot wide. D. Crafts was injured in a collision with one of his own forwards and had to retire for a while, but came back before the end of the game and played with his normal fire and fervour.

The semi-final of the U.H. Hockey Cup is on February 7th at Teddington against St. Mary's. All support would be welcome.

Team: R. Clark, M. Vellacott, D. Crafts, R. Kendrick, C. Pearson, M. Bridger, A. Godfrey, N. Turpitt, R. Goodhart, N. Dodd, A. Winskill.

R.W.K.

HOCKEY

Past v. Present

This annual fixture will be played on Sunday, March 3rd, at Honor Oak Park, starting at 2.30 p.m. Any past members of the Club who would like to play should write to D. Loader, Esq., c/o The Hockey Fxture Secretary, East Wing, Guy's Hospital, S.E.1. All non-playing supporters are welcome. Meet in Miller at 1.0 p.m.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar in Diagnostic Radiology** with duties to commence on 14th April and appointment until 30th September 1968 in the first instance. Opportunities are available for good experience in neuro-radiology and arteriography. Applicants should hold the D.M.R.D. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, S.E.1. not later than **9th February 1968.**

GUY'S HOSPITAL

Appications are invited from registered dental practitioners for the appointments of **Registrar in the Dental Casualty and Oral Surgery Department** with attendance on six sessions per week and **Registrar in the Department of Dental Prosthetics** with attendance on two sessions per week. These appointments may be held separately or as a combined appointment and will date from 13th March until 30th September, 1968 in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Thursday, 15th February 1968.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for the post of **Lecturer** in the Department of Obstetrics and Gynaecology. The holder of the post will be mainly concerned with research, but will assist in teaching, and there will be opportunities for clinical work in the Department. Appointment to commence on 1st April 1968. Initial salary according to qualifications and experience, in the range £1,745 to £2,820 per annum, with superannuation. Forms of application may be obtained from the Dean, and should be returned not later than **18th February 1968.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited from medical graduates for the post of **Lecturer (or Junior Lecturer)** in the Bacteriology Department, vacant from 1st April 1968. Salary in the range £1,470 to £2,820 per annum, according to qualifications and experience, with superannuation. Forms of application are obtainable from the Dean, and should be returned not later than **18th February 1968.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners to work in the Dental Department for Children to carry out research combined with the dental care of mentally and physically handicapped children. Salary scale within range of Lecturer/Senior Lecturer (£1,745—£3,050 p.a.) according to age, qualifications and experience. Although this is intended as a full-time appointment, application may be considered for half-time or max. part-time appointments. For further information please write to The Secretary, Guy's Hospital Medical School, London Bridge, S.E.1.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Nuffield prize has been awarded to T. J. B. Harris

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UNIVERSITY OF LONDON

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EASTBOURNE—Fourth Partner required in busy three man practice in Eastbourne. Plenty of opportunities in all branches of Dentistry with full clinical freedom. Own practice laboratory on premises.

I HAVE practised in Johannesburg for 30 years and plan to retire. Are you looking for an opening as assistant and future partner in a lucrative and selective dental practice.
Write: Dr. C. Pedley, 1410 Rand Central, Jeppe Street, Johannesburg, South Africa.

MACMANUS—Miss Macmanus thanks all those Guy's friends who have remembered her this Christmas. She wishes them happiness and every blessing in 1968.
Terry Lodge, Terrybawn, Bofeenaun, Ballina, Co, Mayo.

SNOWDONIA—Comfortable 4-berth caravan to let. Beautiful private site overlooking lake. Fishing and climbing area.
B. C. Roberts, 2 The Green, Beddgelert, Caerns.

WANTED—Husband and Wife in Leicester—just qualified or to qualify this year—to join family group dental practice of four. Two husbands and wives; seven surgeries; staff of 12 employed. Situated between Leicester and Nuneaton. In first instance, please write giving full details. Guy's Hospital Gazette Box No. 1/2.

WIMPOLE STREET—Consulting room, long lease. First floor, all Guy's House. Box No. 2/2 Guy's Hospital Gazette.

CHANGES OF ADDRESS

Mr. M. J. Dredge, 42, Outram Road, Southsea, Portsmouth.

Mr. and Mrs. J. D. Ellis, F.R.C.S., M.R.C.O.G., 329 Woodstock Road, Oxford Tel: Oxford 57610

Dr. and Mrs. M. J. S. Langman, 179 Melton Road, Edwalton, Nottingham.

J. G. Mitchell, L.D.S. 4, Thurlton Court, Chobham Road, Woking, Sy.

Dr. R. G. Nicholson, 133 Queens Park Avenue, Bournemouth. Tel: Bournemouth 34719

Hugh C. Sharp, c/o Residents Quarters, Royal Cornwall Hospital, Treliske, Truro, Cornwall.

Dr. Jillian M. Wandless, M.B., B.S., D.C.H., D.R.C.O.G., Flat 1, 12 Tivoli Road, Cheltenham, Glos.

Miss Wiltrick, 56, Deakin Leas, Tonbridge, Kent.

BIRTH

TAYLOR—On 23rd January, to Anne (née Bowen-Simpkins) and Kenneth, a daughter, Sally-Anne. Our thanks to the staff of Victoria ward.

MARRIAGE

HENDRICK — FALCONER — Miss Alex Margaret Falconer, M.R.C.S., L.R.C.P., to Dr. David John Hendrick, M.B., B.S., which took place at St. Mary's Church, Shortlands, Bromley, on January 13th. Both the bride and the groom are Guy's trained doctors.

We would like to remind our readers that all copy for inclusion in the Gazette must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS	C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT	J. G. PAYNE
NURSING CORRESPONDENT	E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2076

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Supply and Demand

With the inevitable abatement of the initial public and professional reaction to the recent heart transplantations, one can begin to review the problem with a little more thought and reasonable perspective.

The idea of organ transplantation is not a new one. The great John Hunter, in the eighteenth century, did some interesting studies in this field and the cosmetic surgery of transplanting the teeth from pretty maidservants to the mouths of their middle-aged masters was not an uncommon activity of the dental surgeons of that era—not without some rewarding results!

However, it is only since the war that the most rapid strides have been made both in the technological (surgical) and immunological aspects of the transplantation problem. The surgical aspect involves the procurement, preparation, temporary storage and relocation of the graft in the living recipient in such a way that the normal healing processes, in conjunction with vessel and duct anastomoses, will procure, where necessary, its continued viability and conservation of normal structure and function. The stage has now been reached where it is only the immunological graft reaction that limits surgeons' ability to transplant practically whatever organs they so desire into whatever person needs the particular organ.

The greatest clinical experience has been in the field of renal transplantation, although few survivors of the operation have lived more than two years before graft rejection occurs; of course, far better results have taken place where monozygotic twins are donor and recipient. Nevertheless, attempts have been made with surgical success in the transplantation of the liver, lung, spleen, bone marrow, endocrine glands and skin. And now the heart has been removed from the dead and placed into the living and has carried on its work as an efficient pump.

When the immunological problems are eventually overcome, as they will inevitably be, a new limiting factor in organ transplantation which is now becoming more obvious to those involved in this sphere of medicine, will predominate—that is the factor of donors. In the recent debates that have been ensuing on heart transplants, the importance of the social and financial aspects of this sort of sophisticated medicine seems to have escaped those involved. In Britain alone a quarter of a million people a year die of heart disease One needs relatively young persons who do not suffer from any chronic illness as donors. Such donors would be gleaned from deaths from events like road traffic accidents. Given the best communications system and storage facilities one might imagine could exist in the next ten to twenty years, how many donors would there be for heart transplants? A thousand, two thousand, five thousand—certainly not very much more; and who out of the quarter million are to receive them?

Again, the majority of patients who suffer from coronary artery disease or thrombosis are late middle-age or elderly and who no doubt have generalised atheroma., How wise is it to place new pumps into a rusty piping system?

Then there is the financial consideration and its priority in the field of public health expenditure. Organ transplantation is highly complex in its requirements of surgeons, immunologists and equipment and will for many years only be obtainable in very few centres. That is, a lot of money will be spent in treating relatively few people when there is obvious need for money in areas of housing, education, and that very important problem all too often forgotten—the care of the elderly.

Admittedly these are questions which must be dealt with by the administrators of the country but nevertheless they must be equally faced by the medical profession, who must consider the long-term aspects of new discoveries. All too often the excitement of investigating something new has clouded our ability to see into the future and the consequence of our scientific advances.

Pets and Pestilences

Unfortunate that "World Medicine" should bring out its issue on diseases transmitted from pets to man just before Crufts opened. Especially after all the trouble with that other animal disease that we have heard so much of. They print a pretty black picture. That rather attractive woolly monkey might give you any of a large number of what are playfully called Zoonoses, and the chances are that they will have no idea what is causing whatever it is that you are suffering from. Apparently it's all right to own a New World monkey, those are the ones with . . . without . . . tails, that is always providing that it is not harbouring some local shigella strain, or breathing P. pseudotuberculosis all over you. These monkeys are the world's least restricted travellers, and they can breathe their germs in a different place every time their plane lands.

The most upsetting fact disclosed in this article is that the quiet old tortoise (T. graeca if you insist) has now been convicted of conveying salmonella around the country. It's true that they only spread it very slowly but, same old tortoise, steadily too.

Of course dogs are now acquitted of the charge of spreading rabies. The six months quarantine period, which leaves both the dog and the owner psychologically upset, also ensures that the rest of the population remains sane. The only things that a dog is likely to give to a human now is worms, and they have this delightful chap with, as the books say, "a prediliction for the C.N.S." Cats have their own variety of this beast, to which they give the name T. Cati.

Cat scratches still cause a serious disease. No one has yet isolated any organism, but the condition has a most impressive Differential Diagnosis. The choice is between: tuberculous adenitis, glandular fever, Hodgkin's, lymphosarcoma, and cat-scratch fever. They need not find the organism as long as they can find a good diagnostic test.

The paper enumerates other more or less common conditions that can be passed from pets to man, and makes a plea for the stricter control of imported animals. As our pets become more exotic and sophisticated, so, apparently, do their diseases. The Ministry of Agriculture has stated that all animals known to carry rabies will "shortly" be under much stricter regulations. We do not yet have the same problem as is encountered in the United States, where 1,462 people contracted rabies from skunks (with their tail glands removed) in 1963, but it would be as well to act now before a similar situation does arise in this country.

Planning

For many years the *Gazette* has occupied offices in St. Thomas' Street, and we have watched with interest the changing face of our neighbours. On the commanding sites on the corner a cobbler and a bank share the favours of passersby; the nearby wine merchants has for its neighbour the Southwark Cathedral Chapter House, with its ancient operating theatre of old St. Thomas' Hospital. Closer still is the home of the Hospital Chaplain and further along Keats House and the wrought iron entrance to dear old Guy's. In recent years we have been joined by the Registrar of Births, whom we fear has been rather alone at the end of the street. But now a new member has blazoned itself upon us in the form of the Guy's Hospital Planning Office and we hope that this institution will prevent our family, variously spread along St. Thomas' Street, from becoming unmanageable.

Medico-Legal Problems

Many readers will probably remember the series of articles that were published by the *Gazette* and written by Professor Keith Simpson on Medico-Legal Problems. At that time we received a number of requests for these articles to the extent that we were prompted to reproduce them as a small booklet. These reprints are now available at the *Gazette* office at the price of two shillings and sixpence per booklet. The booklets can be sent by post on request, for the price of 3s. prepaid Great Britain, or 3s. 6d. prepaid abroad, or they may be brought from the *Gazette* Office, price 2s. 6d.

Television and Education

In the last issue of the *Gazette* we made mention under the Passim entitled Red Letter Day the work at present being conducted in the Anatomy Department on the uses of television for teaching purposes. A fuller account is to be found on page 89 of the visit of the Russian Minister, Mr. Elyutin. We shall, however, be publishing a more extensive article on this aspect of medical education written by Professor Merrill in the very near future.

GUY'S DIARY

FEBRUARY

19th	M.	1.00	Clinical Lecture. Dr. DEUCHAR. "Heart Trouble—the Patient's Point of View."
20th	T.	1.00	Clinical Lecture. Dr. MOYNAHAN. *"Freckles and Disease in the Skin, Heart and Nervous System."*
22nd	Th.	1.00	Clinical Lecture. Mr. LAWRIE. "Cancer of the Skin."
23rd	F.	1.00	Clinical Lecture. Department of Medicine.
24th	S.	10.00	Clinico-Pathological Conference. Clinical Theatre.
26th	M.	1.00	Clinical Lecture. Professor GORRILL. *"Urinary Tract in Section."*
27th	T.	1.00	Clinical Lecture. Professor SIR HEDLEY ATKINS. "More Bone Tumours."
29th	Th.	1.00	Clinical Lecture. Dr. JOINER. "Diseases of the Arteries II."

MARCH

1st	F.	1.00	Clinical Lecture. Dr. MACLEAN. "An Inter-Hospital Clinical Trial with Hetacillin."

We congratulate Capt. Ian Perry on his appointment as the first Royal Army Corps flight medical officer at Army Aviation Headquarters, Middle Wallop, Hampshire.

PRIZE EXAMINATIONS

1. Beaney Prize in Pathology. Entries close on Saturday, 17th February.
2. Treasurer's Medal and Prize Examinations in Clinical Medicine and Clinical Surgery. Entries close on Saturday, 24th February.

PORTRAITS
IN
CASUALTY

On the 26th of January, Sir Hedley Atkins, P.R.C.S., unveiled, in the Accident and Emergency Department in New Guy's House, life-size copies of portraits of distinguished Guy's men—Thomas Addison, Richard Bright, Sir Astley Cooper and Sir William Arbuthnot Lane.

The portraits were prepared and hung at the instigation of Mr. Patrick Clarkson, Surgeon in Charge of the Accident and Emergency Service, Senior Plastic Surgeon to the Accident Service, Guy's Hospital, and President of the Plastic Section of the R.S.M., and hang at either end of the casualty department, each bearing a descriptive caption below (vide infra).

Sir Hedley, in his usual fluent and entertaining manner, gave a brief account of the lives and importance of these four great men of Guy's, and how they influenced medical and surgical thinking and practice in the nineteenth and twentieth centuries.

It was these men among others who put Guy's Hospital in the forefront of the leading London teaching hospitals.

A number of the guests present were descendants of Cooper, Lane and Bright, including :

Cooper

Sir Neill Cooper-Key, M.P. for Hastings.
Col. Eric Cooper-Key.

Lane

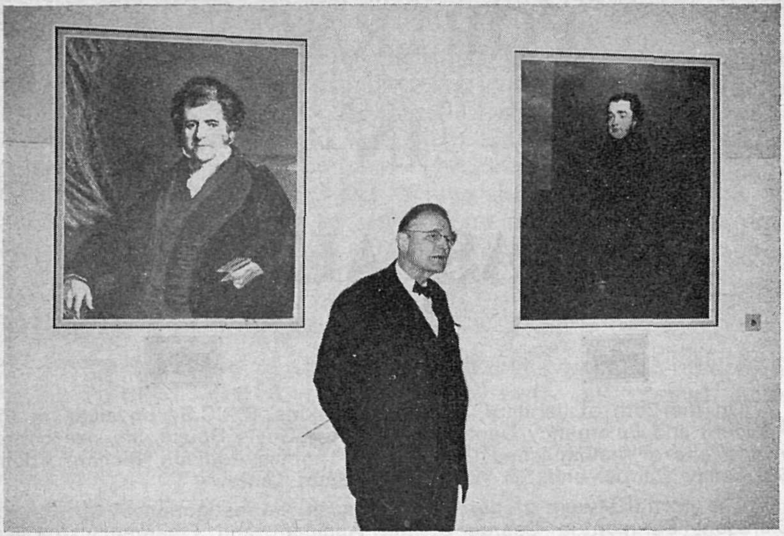
Sir William and Lady Arbuthnot Lane.
Susan Arbuthnot Lane (now Mrs. Bowker).
Mr. Ronald Clarkson, B.A. (Oxon.).
Mrs. Harold Chapple.
Mr. Archie Chapple, B.A., and Mrs. Chapple.
Dr. Peter Chapple, M.B., and Mrs. Chapple.
Mr. A. Lane-Roberts, M.A. (Oxon.), M.Ch., F.R.C.S.

Bright

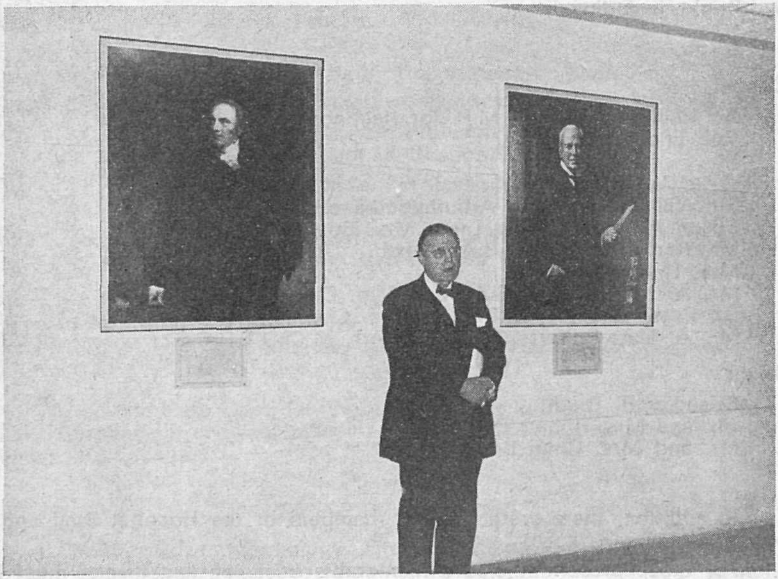
Brigadier R. Bright.
Mr. and Mrs. Robert Bright.
Mr. and Mrs. Colin Bright.

In addition, there were present members of the Hospital Staff and a few students.

For those present it was a memorable occasion and thanks must be given to Mr. Clarkson who conceived the idea.



Professor Sir Hedley Atkins speaking at the unveiling ceremony, flanked by the portraits of, *above*, Bright and Addison, and *below*, Astley-Cooper and Arbuthnot Lane.



The Captions below the Portraits

These captions are very largely based on "A Biographical History of Guy's Hospital," by Wilks and Bettany, plus studies of Bransby Cooper's "Life of Sir Astley Cooper, Bart," and "Sir William Arbuthnot Lane—His Life and Work," by Tanner plus much help from the families concerned.

ADDISON, Dr. Thomas, 1793–1860, M.D., L.R.C.P., F.R.C.P.

Thomas Addison was a Cumberland man of a long line of Cumberland yeomen. He graduated M.D. in Edinburgh and came to Guy's as Assistant Physician in 1824 and was made Physician to Guy's in 1837. With Bright and Hodgkin he formed one of three immensely emminent Guy's Physicians of that time. He is responsible for the first recognition of Addison's Disease, which can cause important medical emergencies. He was the most distinguished teacher of medicine at Guy's of his time. He enjoyed the highest reputation as a physician throughout the field of medicine. Wilks and Bettany say of him "as a teacher it is difficult to conceive a better".

BRIGHT, Dr. Richard, 1789–1858, M.D., L.R.C.P., F.R.C.P., F.R.S.

Richard Bright was born in Bristol of the English banking family of that name. He took an Edinburgh M.D. degree and became Assistant Physician to Guy's Hospital in 1820 and Physician to Guy's in 1824. He was one of the great triumvirate of Guy's physicians in the early and middle 19th century—Addison, Hodgkin and himself. He it was who first described that disease of the kidneys known as Bright's Disease which was based on his very thorough studies of the post-mortem appearances which he correlated with the clinical features. As a physician, he was very widely known throughout the world and of great prestige. Indeed, when he died the "Lancet" wrote "the sudden demise of Dr. Bright has created a deep impression of grief and regret such as only a sense of inachievable loss could occasion. A man of peculiar independence of thought, high morale and untiring energy. He has contributed perhaps more than any other to conforming the medical opinion of his day—The life history of Richard Bright is one of unswerving energy of purpose and unceasing labour". One of his sons became Master of University College, Oxford, and the other was an Anglican vicar in Cannes, France. He was also an early member of the Althenaeun.

COOPER, Sir Astley Paston (Bart), 1768–1841, F.R.S., F.R.C.S., 1827–28 and 1936–37.

Astley Cooper was a member of the Norfolk family of that name in co-lateral descent on his mothers side from Sir Isaac Newton. He was the grandson of a Norwich surgeon and nephew of an early Guy's surgeon. According to Mr. Travers (Bettany and Wilks) "he was the handsomest most intelligent-looking and most finely formed man he ever saw". The portrait by Lawrence hanging in the Royal College of Surgeons confirms this handsome appearance and drew an acid remark from Mr. Abernethy of St. Bartholomew's at that time. He had lecture classes on anatomy at the Royal College of Surgeons numbering 400 surgical volunteers. According to his family in Burke's he was "the finest surgeon of his age". He cut a wen from King George IV's scalp in the days before asepsis or anaesthesia with the clear risk of a fatal septicaemia from erysipelas, for which he received his baronetcy. He was the prototype of the modern surgeon, a prodigious worker, particularly in anatomy and a most comprehensive teacher of the whole field of surgery. He was followed at Guy's by his nephew, Bransby Cooper, who enjoyed a less illustrious reputation. He was surgeon to Guy's Hospital from 1800—1825 and was twice President of the young Royal College of Surgeons in the 1820's. He was also elected a Fellow of the Royal Society and was a founder member of the Athenaeum.

LANE, Sir William Arbuthnot (Bart.), 1856–1943, C.B. (Mil.), M.S.(Lond.), F.R.C.S.

William Arbuthnot Lane was an Ulster man whose family had shared in the plantation of Ulster (1690) and included a long line of doctors and soldiers. Lane's contributions to surgery were responsible for the introduction of asepsis and, therefore, to the making safe or surgery of the cavities of the body. He was also responsible for the internal fixation of displaced fractures thereby bringing about the Aristotolean ideal of "restituo ad intergram". He was a "surgeon's surgeon" and a master of the technical difficulties of operation. His dressing technique is the basis of modern dressings as practised in the Accident Department. He was a tall man of strong countenance. His unshakable courtesy and kindness in any stress made him widely loved at Guy's and at his Club, the Athenaeum. Many of his pupils became consultants at London teaching hospitals and elsewhere. He was a man of very wide surgical influence, particularly in America. He became Assistant Surgeon to Guy's Hospital in 1888 and General Surgeon to Guy's in 1903.

NURSING SECTION

Channelling future nurse education

What are the advantages of training a nurse to work in the hospital field alone? Is she of any real help to the patient except in a very limited field? The narrowness of the present nurse education means that to be able to be of real help to the patient she has to take another long course to be able to help him outside the hospital environment. Does the patient prefer the nurse in hospital, or does he prefer the present set-up of having to change horses in mid stream as it were, to enable him to get nursing outside hospital in his own home.

This now raises the question of whether nurse education is channelled in the right direction. The emphasis at the moment is that the patient should be treated at home and the majority of General Practitioners are now prepared to undertake more conditions that they can treat at home. The contra indication to this at the moment is that the General Practitioner has so few services at his disposal, be they nursing or laboratory. It is now becoming apparent that the regions who have started this scheme are providing the service that the patient finds so beneficial to his needs.

There is, however, one stumbling block to any General Practitioner taking on this onerous task, and that is that he has not enough backing with nursing facilities. The District Nurse is at present coping with as much work as possible under sometimes the most difficult circumstances. If in the foreseeable future nurse education was channelled away from the hospital scene and into the domicillary field when the G.P. would be enabled to work in much closer conjunction with a greater number of nurses who have seen this same patient in hospital as well as at home. Given the training and equipment at her disposal, this differently educated nurse would be able to take many of the tasks which at present the doctor has to spend unnecessary time in doing.

Perhaps it is a Utopian suggestion to create a situation in which nurses could, during their training carry out work in both the hospital and the domicillary field.

In some areas the District Nurse has been attempting to carry out this scheme, but it is early days yet to say that there is any measure of success.

Only when the Medical Officers of Health and District Nurse Superintendants can come together and demand a more efficient nursing service which covers both the patient's local hospital admission and his discharge home, with greater co-ordination, will the patient obtain a really efficient home service, with less need for hospital admission.

THE VISIT OF THE RUSSIAN MINISTER OF EDUCATION

On Monday, January 29th, the Minister of Higher and Secondary Education of the U.S.S.R., Mr. V. P. Elyutin, visited Guy's as part of a short tour he is making of this country to study our educational methods. It was a great compliment to Professor Warwick and Dr. Vaughan that Guy's was chosen as the place for Mr. Elyutin to study the use of Closed Circuit Television in teaching.

The Minister, accompanied by his Private Secretary, an interpreter, and escorted by Mr. Patrick Gordon-Walker, was met by the Dean of the Medical School, Mr. R. J. Cann, Chairman of the Governors, and Mr. S. H. Wass, Chairman of the Medical School Council, and conducted to the Court Room. There, over tea, the Dean explained how television was being used at Guy's, and introduced the Minister to Professor Foxon, chairman of the Audio-Visual Aids Committee of London University, Mr. R. Hayward (Governor), Mr. D. House (Governor), Professor Merrill, Professor Warwick, and Dr. Vaughan.

The party moved on to the Bloomfield Clinic to observe a Clinic in progress in which use was being made of the Closed Circuit T.V. A small boy was undergoing a test for assessment of his intelligence; he was observed by a class of students in an adjoining room, via a T.V. screen, and Dr. McFie was able to explain to the students ,without disturbing the patient, what was being done, why, and what conclusion it was possible to draw from the tests. The television was also used to show a telerecording of an interview conducted earlier that morning.

Mr. Elyutin was then taken to the Anatomy Lecture Theatre for a demonstration of the uses to which television is being put in the preclinical course. Dr. Murray Brookes, using a special microscope-camera adaptor, showed the activity of a chick heart in a chick embryo, and Dr. Williams used a camera in the Theatre to assist in his demonstration of the structure to be seen in a brain section.

The history of television at Guy's is a short one if we judge it to start from the installation of the receivers in the Bloomfield Clinic and the Anatomy Theatre. But this takes no heed of the prolonged plans and discussions that have taken place since 1957, and of all the experimental work that has been going on in the depths of the Anatomy Department. All these plans have now come to, or will soon come to, fruition.

The Anatomy Department are now equipped with two cameras and six receivers, and have set up a studio in the lower ground floor of the Medical School. A brief visit there leaves one in little doubt as to the progress that has, and is about to be made. Professor Warwick, with the advice

The Bloomfield Clinic; the visitors watching a demonstration of Psychological Testing. Left to right: Dr. McFie, Mr. Gordon-Walker, Dr. Vaughan, Mr. Cann, The Dean, Mr. Asveg (interpreter), Mr. Elyutin, Mr. Hayward, Mr. Severtsev.

The Anatomy Theatre; watching a demonstration of the heart in a chick embryo. Left to right, back row: Mr. Hardyman, Mr. Severtsev, Mr. Gordon-Walker, Miss Roberts (interpreter), The Dean, Mr. Asveg, Mr. Elyutin. Front row: Mr. Dearden, Mr. Cann, Mr. Hayward.

and assistance of Professor Merrill, (the Director of Television Research in the University of California—who is working here for a year on our television system) is waiting the arrival of a video-tape recorder and other equipment before embarking on a more ambitious series of programmes. Those already broadcast include one on the dissection of the earthworm by Professor Foxon, one on the demonstration of cleft palates by the Dental Staff, and a Clinical demonstration of the signs of pregnancy as well as programmes on embryology and other aspects of anatomy by members of the Teaching Staff. The emphasis on simplicity of operation and ease of manoeuvrability ensures that the equipment, despite all its apparent complexity, remains readily available and versatile.

The Bloomfield Clinic has a rather more sophisticated arrangement of cameras and video-tape equipment, so that the two cameras in the interview room can be remote controlled for direction, zoom and focus. This enables the observers, by use of the control console in the teaching room, to follow movement of a patient round the room and to enlarge and focus upon any particular aspect of the patient, or, as in the case shown to the Russians, on his test paper.

We are fortunate at Guy's to have two people as interested in the use of Television in Education as Dr. Vaughan and Professor Warwick. Thanks to their hard work and thanks to the help that they have received from the firm of Marconi, we have, if not the largest and most complex system (that honour goes to the Middlesex) then at least one of the most advanced, and advancing systems of television in any Medical School.

ALCOHOLIC ANTIDOTE

by

Michael Ash, M.R.C.S., L.R.C.P.

The utilisation of alcohol by the body can be facilitated by vitamin C. The adsorption of alcohol fumes on charcoal and kaolin is also an effective means of eliminating it from the gas bubble in the stomach. A combination of these agents mixed to form a tablet that can be chewed is a quick and effective means of sobering up, if taken one per drink unit as soon as the first effects of drinking alochol are felt.

The amount of agent required varies with the amount of alcohol consumed. Each tablet of the agent is designed to prevent intoxication from one measure of spirit or its equivalent in other drink. The antidote is quite palatable as it is made up of half charcoal and a quarter of kaolin and of vitamin C. It is presented in a $\frac{1}{2}$-gram ($7\frac{1}{2}$ grain) tablet.

Rate of Action

Digestion of alcohol in the stomach is rapid compared with the antidote which may take half an hour to be effective. Alcohol continues to rise in the blood for an hour or two after its consumption and it is this rise that the antidote is designed to prevent rather than cure. No prescription is required as constituents are freely available and are not drugs. They form a mixture and not a compound in the tablet but their joint effect is greater than the effect of any one constituent when taken on its own. The antidote taken in reasonable quantity is harmless compared with alcohol.

The antidote has a sobering effect by preventing the uptake of residual alcohol from the digestive tract. Vitamin C is antagonistic to alcohol and causes an increase in soberity rather than a decrease in alcohol level. This may give a false sense of security from a legal point of view, so breath testing is *still* needed to assess alcohol level, even if the tablet has rendered the drinker sober.

Experimental Evidence

To test the effect of the antidote it was tried on one volunteer repeatedly and found to be effective each time it was used. The routine procedure was to drink spirits until the first signs of intoxication were observed and then to administer the antidote right away in sufficient amounts to produce a sobering effect within three-quarters of an hour.

The subject was given the alcohol fasting. Spirits were used, as beers contain food factors which may themselves antidote the alcohol. The subject was a housewife in her forties, who was not used to drinking regularly. She weighted 9½ stone.

Experiment I

On the first occasion the drink was taken socially in the presence of her family. Her husband consumed drink for drink with her, but took a dose of the antidote with each drink and he remained sober. She did not do so. The antidote was then given at a dose of one tablet per double measure of spirit consumed. It was effective within half an hour.

Experiment II

The second occasion was to repeat the experiment in quiet conditions of bedrest. 120 ml. of 70 per cent proof brandy was given in divided doses until reaction time was 5 seconds. A breath test was strongly positive and approximately 377 tablets of the antidote was then given. Within three-quarters of an hour the breath test was negative and the subject appeared to be sober with a normal reaction time. The first signs of improvement were observed within 10 minutes of taking the antidote. A urine sample taken 20 minutes after taking the antidote showed a level of 55 mg. of alcohol per 100 ml. This was lower than expected after this amount of alcohol.

No "Hang-over"

On the first occasion the subject felt remarkably well the next day and had no hang-over. On the second occasion she felt fitter after the experiment than before it and again had no hang-over.

Experiments III and IV

On the third occasion, a demonstration of the sobering up effect of these tablets was televised. The subject, fasting all day, took six double brandies at a time and was then examined by a doctor and given a breathalyser test, which was dangerously positive. The doctor then administered the equivalent of six tablets of antidote, and within a quarter of an hour examined her again and declared she was steadier and the breath test was shown to be reduced to a border line positive. She suffered no ill effects from this experience.

On a fourth occasion the antidote was again administered after drinking 90ml. of the spirits; while on bed rest fasting. The breath test was then found to be positive before giving the antidote and negative within three quarters of an hour of its administration at one tablet per double measure. The following day the subject was still suffering from a slight headache but felt better than she did before the experiment commenced.

Control Experiment—with dire results

That evening a control trial was carried out, during which the antidote was deliberately withheld after the subject had drunk 150ml. whisky. The breath test was strongly positive and the subject became more and more drunk; suffering from nausea; she was left a further 10 minutes without the antidote and when it was given it was ineffective as she vomited.

Necessity, the mother of invention

The gastric juice thus obtained was found to contain 550mg. alcohol per 100ml. of fluid after keeping it at body temperature for half an hour. Another sample of the same fluid treated in the same way, but mixed with four tablets of the antidote, was found to have had more than two-thirds of the alcohol removed; it contained 167mg. of alcohol per 100ml. fluid when it was filtered like the previous sample. A third sample was treated with the charcoal alone and this removed about half its alcohol to give a reading of 248mg. per 100ml. A fourth sample treated with the vitamin C 7, the charcoal without kaolin contained 350mg. per 100ml. This was only half as effective as the three constituents of the antidote used together. The charcoal and kaolin without the vitamin C gave a reading of 405mg. per 100ml., showing that the vitamin C played some part in the reaction that occurred in gastric juice outside the body. Finally, vitamin C on its own gave a reading of 530mg. per 100ml., which was not a significant reduction at all and could be accounted for as an experimental error.

Thus, evidence was obtained firstly that such an antidote to alcohol was effective clinically and the result could be repeated under varying conditions of drinking. That withholding the antidote resulted in severe intoxication lasting several hours. That the gastric juice eliminated then contained undigested alcohol. This was removable from gastric juice outside the body by means of the antidote. Each of the constituents of the antidote appeared to play a part in this removal of alcohol from gastric fluid acting synergically. The charcoal appeared to play the major part. This supports its use as the main constituent of the antidote.

The Use of Radioactive Isotopes

To understand this process labelled ethanol–2–t can be used and the experiment repeated in vitro. The specific activity of the products of the reaction can be determined after the alcohol has been boiled off and washed out of the solution. The reaction products can be separated out and the specific activity of the constituents determined. A direct reaction between the vitamin C and the alcohol which have been found to be antagonistic in the body may thus be found by measuring the specific activity of the vitamin C after exposure to labelled alcohol. The lattice structure of the charcoal/kaolin powder may effect the geometry of this reaction. Use of C_{14} charcoal may cross check this effect.

An Active Process

The utilisation of alcohol was shown above to be facilitated by a mixture of ascorbic acid; charcoal and kaolin. This empirical observation was repeatable on one subject. The way it worked was found to be by a reduction of available alcohol in the gastric juice of this subject. Using the same procedure with the same sample of gastric juice when it was stale, its alcohol content was found to be 440 mg. per 100 ml. and no appreciable reduction was obverved with the antidote in whole or in part. This confirmed an independent worker's observation that this antidote did not reduce the alcohol content of watery solution.

To follow up this observation it should be possible to revive the activity of the gastric juice by the use of live yeast to supply the alcohol dehydrogenase enzyme system. If resting gastric juice is mixed with alcohol in vitro and then exposed to the antidote it should not be effective unless the enzyme system is added. Such a line of investigation should demonstrate that the enzyme system secreted by the liver specifically permeates gastric juice in response to alcohol ingestion.

Practical Implications

The practical implication of these findings is demonstrated by an experiment televised in which a volunteer consumed 4 pints of bitter beer and his blood alcohol level was then 90 mg. per 100 ml. He then took 4 tablets of antidote which was half the prescribed dose. An hour and a half after starting drinking his blood alcohol level was down to 30 mg. per 100 ml. This was about one-quarter the expected level as the blood alcohol level reaches its peak about one hour after drinking and was up to 90 mg./100 ml. well before this time. This was not a double blind controlled experiment so a placebo capsule identical with one containing the antidote is available for such purposes.

Rationale

The rationale behind the use of such an antidote is obvious. Guinea pigs, like man, do not manufacture their own ascorbic acid. On a scorbutic diet the speed of their alcohol metabolism is halved. There is widespread sub-clinical deficiency of ascorbic acid in man. Ascorbic acid is a strong reducing agent. This may prevent the polymerisation of alcohol derivatives such as aldehyde to form paraldehyde which does not oxydise and acts as a mild toxin in the nervous system; hence intoxication. Paraldehyde is also a drug of addiction and it may be partly responsible for addiction in the alcoholic. Other forms of addiction may be treatable by this antidote as charcoal adheres to alkaloids most effectively. Koalin is used to crack alcohols commercially as a catalyst and is of established value against gut intoxication generally. Alcohol is an almost ideal source of fuel . It provides hydrogen for the body acting as a fuel cell. The oxygen we breathe combines with hydrogen to form water and to release energy in kilocalories (37.3) per gm. of water produced. The breakdown of alcohol to aldehyde is accelerated by thyroxin but the next stage in breakdown is stopped by charcoal in vitro.

Energy from Alcohol

In the stomach direct current is measurable (as it is in the birth canal where this measurement is used to indicate ovulation). The direct current released when water is formed from alcohol could now be monitored by adapting an ovulation indicator for this use. I calculated for fun the amount of energy entailed when water was turned into wine and the world turned upside down. A billion calories American-wise would just about do it; given adequate carbon dioxide in the fetid air of the bridal feast.

By adapting a Ryle's tube so that the end is made of conductive silicon elastomer, the potential of the gastric juice can be observed and its alteration during digestion. The electrical equipment consists of an integrated circuit containing 15 transistors laminated in an object the size of a lentil. Such sophisticated circuitry is only now becoming available so as to give a steady reading of potential which does not drop off when current is produced by its electrical observation.

The form in which we consume alcohol determines to some extent its effect upon us and like other drugs its effect upon us is partly that which we expect. Even the expectation of the donor rather than the recipient may influence response and that is why double blind trials are required.

What'll you have—with food

Beer is half food and half drink. Its food value makes it less liable to intoxicate for its weight of alcohol than spirits. The weight of alcohol in various drinks was listed by Hale-White and is roughly as follows :—Per cent ethanol by volume. Proof spirit, 57 per cent; Spirits, 55 per cent (whisky, rum, gin, liqueur); Brandy, 50 per cent; Port, 25 per cent; sherry, 19 per cent; Madeira, 19 per cent; White Wine, 20 per cent; Champagne, 12 per cent; Orange Wine, 11 per cent; Burgundy, Hock, Claret, 10 per cent; cider and stout, 7 per cent; beer, $3\frac{1}{2}$ per cent. The specific gravity of ethanol is approximately 0.8.

Taking food with drink simulates acceleration of removal of alcohol from the blood by suppressing its uptake from the gut. In the case of the one person repeatedly intoxicated and sobered up with the antidote the gradient was about ten to one from gastric juice alcohol to urine alcohol. When intoxicated on one occasion her gastric juice level was 550 mg./100 ml. and on another occasion with approximately the same degree of intoxication the urine level was 55 mg. per 100 ml.

As used by the Institute of Brewers

A Royal command at an Institute of Brewing dinner was for a non-bulky antidote to alcohol. It was produced and graciously forwarded to this Institute, as an answer to this request. Brewers used to chew charcoal at their conferences before rejoining their ladies. Kaolin is used in the manufacture of confectionery; in clarifying sugar solution and in the manufacture of chocolate. It is apparently inert. A specially fine form of kaolin with a particle size of about 0.3 u, presents a large surface area onto which alcohol is adsorbed. Explaining this difference between absorption with a B led to the name Babs, Tabs and trouble.

REFERENCES

(1) Pulse Magazine of Guy's. Winter Number 1968.

(2) A biochemist's view of some constituents of beer. Prof. Hugo Theorell. Brewers Guardian, July 1965.

(3) Beating the Breathalyser. Brewers Guardian, December, 1967.

Leonard Goldberg and Ulf Rydberg. Automated Enzymatic Microdetermination of ethanol in the blood. Dept. Alcohol Research, Karolinska Institute, Stockholm, Sweden.

Behavioral and Physiological Effects of Alcohol on Man. Goldberg, M.D. Metabolism and action of alcohol, by L. Goldberg.

Effects and after effects of alcohol, tranquillizers and fatigue on ocular phenomena, by L. Goldberg. B.M.A. Alcohol and Road Traffic Conference 1962. Alcohol CNS-Active drugs and driving skill.

Alcohol and Traffic Safety. L. Goldberg. 1965 December.

Effects of alcohol intake on subjective and objective variables over a five hour period. Gosta Ekman *et al.* 1962 August.

Subjective and objective effects of alcohol as functions of dosage and Time. Gosta Ekman *et al.* Dept. of Alcohol Research, Karolina Institute.

Effects of a moderate dose of alcohol on Intellectual Functions Marianne Frankenhauser *et al.* Karolinska Dept. of Psychology.

A modified Cavett method for the determination of alcohol in body fluids. L. C. Nicholls June 1960. published in the Analyst Vol. 85 p. 840.

Experiments designed and carried out by D. Ash. Hastings Technical College. Alcohol assays by the Dept. Clinical Pathology, London Clinic.

Manufacture of Alcoholic Antidote sponsored by the National Federation Federation of Licensed Victuallers.

Original observation of antagonistic effect of ascorbic acid on alcohol intoxication made in the Sir William Dunn Department of Biochemistry, Cambridge, under the late Professor Sir Frederick Gowland Hopkins in 1936. (Not published.)

NOTICES

ANNUAL CLINICAL MEETING, 2nd MARCH, 1968
ABBREVIATED PROGRAMME

Morning Session (10 a.m.—12 noon)

ANATOMY LECTURE THEATRE, MEDICAL SCHOOL.
11.45 a.m. Lecture: Removable and Fixed Prostheses.
Professor H. M. Pickard.

THEATRES Nos. 5 and 7 (FIRST FLOOR, NEW GUY'S HOUSE).
Operations commencing at 10.00 a.m.

GENERAL ANAESTHETIC EXTRACTION ROOM (FIRST FLOOR, OUT-PATIENT DEPARTMENT).
10.00 a.m. Bridge abutments under Intravenous Anaesthesia—
Mr. A. R. F. Thompson.
Anaesthetist—Dr. W. S. McConnell.

There will be DEMONSTRATIONS AND DISPLAYS in all the Departments of the School. Some members of the Visiting Dental Staff will show clinical cases on the Second Floor, Dental Department.

Afternoon Session (2 p.m.—4 p.m.)

DENTAL LECTURE THEATRE.
2.30 p.m. Lecture: Patients You Have Sent—Professor R. A. Cawson.

There will be DEMONSTRATIONS AND DISPLAYS in all the Departments of the School. TEA will be served in the Cafeteria, East Wing, Guy's House, at 3.30 p.m.

Programmes giving full details will be available at the Clinical Meeting.

GUY'S HOSPITAL BIENNIAL DINNER

To be held at The Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2., on Friday, 4th October, 1968, at 7 for 7.30 p.m.

Further details will be announced later. Please make a note of the date.

THIRTY CLUB

The Annual Dinner of the Thirty Club will be held on Friday, 17th May, 1968, at The Royal Air Force Club, 128, Piccadilly, London, W.1, and notices will be sent to members in due course. Dr. G. E. Genge-Andrews in the Chair.

E. J. Crisp
D. J. P. O'Meara
Honorary Secretaries.

Guy's Boxing Club Dinner

The annual "Past and Present" dinner of the Boxing Club will be held this year on Friday, March 29th, at the Old Miller of Mansfield, price 34s. Cheques, please, made payable to Guy's Boxing Club account, and sent to P. Davidson, Secretary of Boxing, East Wing, Guy's Hospital, S.E.1.

MUSIC CIRCLE

Please note that the next meeting will be on MONDAY, 19th February, at 8 p.m. in the Music Room, East Wing, and not Tuesday as previously advertised.

The speaker will be H. Berry, on "Hedley's Hobbyhorses".

PHOTOGRAPHIC SOCIETY

The Photographic Society present Mr. W. Everest, of the Orpington Photographic Club, on Monday, 26th February, at 7.45 p.m. in the East Wing. Subject: "Mine's a half!"

CORRESPONDENCE

The Unveiling

SIR,—It is with mild astonishment that I read Mr. R. D. Forrest's letter in your last edition. I feel sure that he will be the first to agree with me when I state that without good advertising, one cannot collect a large number of people in any one place at any one time. Had some of his excellent posters appeared about the Hospital I am convinced he need not have written such a meaningless and defamatory letter.

Yours, etc.,

N. DODD

P.S. According to the Concise Oxford Dictionary apathy is also defined as "passionless existence". What a disturbing accusation!!

East Wing,
Guy's Hospital.

SIR,—To be faced with such a small number of Guy's worshippers at the unveiling ceremony of the four portraits of famous Guy's men as expressed in the letter of R. D. Forrest (3rd February) must have been an eye opener not only to Prof. Sir Hedley Atkins, president of the Royal College of Surgeons but but also to many former Guy's students. This is evidence that the student of to-day is primarily interested with the present with little regard to tradition; which is supposed to have been the hall-mark of a Guy's tie. Has our faith in God vanished?

Yours, etc.,

H. WINDSLEY

1, Askew Road,
W.12.

"There's no place like home"

SIR,—What impertinence of Dr. Clifford Pedley who, having made his gamble 32 years ago, and opted out of this country, now complains of conditions here of which he can have no personal knowledge.

Does he imagine that Britain has no loyal and devoted patients?

No one could claim that the N.H.S. is perfect, in fact we all have our bleats about it. But some of us here also have gambled, with a young family to support, and do not find the N.H.S. as soul-destroying and stultifyingly monotonous as Dr. Pedley assumes.

As for "duly recorded in triplicate"—it doesn't happen! And as for the Regional Dental Officer—I last had a visit from him nearly a year ago. Admittedly it's nearly time for another visit, but we can hardly call that an ominous shadow.

No, in this year of "Backing Britain", let's have less "Knocking Britain" by those who have put themselves in the position of having no right to do so.

Yours, etc.,

DAVID R. BOSWELL.

1, North Road,
Midsomer Norton,
Somerset.

Gad, Sir!

SIR,—With reference to P. W. Lambden's article in the last number of Guy's Hospital *Gazette,* the school is Felsted, not Felstead.

Yours, etc.,

KEITH R. STEWART,
Old Felstedian.

East Wing,
Guy's Hospital,
London, S.E.1.

A Plea from the Park

SIR,—Few nurses living in the Nurses' Home will remember the Park as it was before its recent upheaval; few had used the front door of the Home until it was reopened last autumn, after redecorations had been carried out. Is it coincidence that since the autumn the grass in the Park between Hunt's House and the Nurses' Home has become scarred by use as a footpath?

Previous generations of Guy's nurses used the footpaths around the grass, but the present generation of nurses do not appear to realise that there is a path around this piece of grass. This plot is the only part of the Park that has, so far, been untouched by contractors, battlements, dumper trucks and debris. Please, nurses, may we save this, the Hospital's last remaining expanse of grass: you will appreciate it in the summer. Please use the flagstone footpaths, for they are there to be used.

Yours, etc.,

A TRAMPLED BLADE OF GRASS.

The Park,
Guy's Hospital,
London, S.E.1.

A tooth for a tooth

SIR,—Your readers may be interested to know the results obtained following publication of my letter in the *Gazette* on 16th September, 1967 appealing for extracted teeth.

Many dental surgeons have responded to this appeal both from this country and from America, and we have been able to meet the heavy demands made by the largest Phantom Head course ever to be held at Guy's (86 students divided into eight classes).

Extracts of my original letter were published in the South London press, some evening papers and on the front page of a National Daily paper. The excerpt in the National Daily paper was under the heading "Just Fancy That" and contained the sentence that 150 students needed two sets of teeth each to practice giving fillings.

The result of this publication was prompt. It led to an interview on the B.B.C. programme "Roundabout" on the following day, during which I stressed that the appeal was addressed to Dental Practitioners only. However, members of the public did not realise that this appeal referred to extracted teeth and so I received many parcels containing dentures of all descriptions. The total number sent in is now 170. In addition to dentures many children wrote touching letters and enclosed deciduous teeth. All these contributions have been gratefully acknowledged although unfortunately they can not be used for the phantom head teaching.

I am most grateful to those Dental Surgeons who have helped us and hope that they will continue to send us regular supplies of extracted teeth.

Yours, etc.,

A. H. R. ROWE
Department of Conservative Dental Surgery.

Dental Department,
Guy's Hospital,
London Bridge, S.E.1.

The Doctors' Dilemma

SIR,—Was it mere coincidence that you should have had occasion to report simultaneously a change of sex for Cutler Walpole, and the portrait unveiling by the P.R.C.S. Or a propitiatory gesture by the producer to the shade of Sir Arbuthnot?

Yours, etc.,

DAVID GULLICK.

13, Weston Road,
Stevenage, Herts .

Sausages and Miss World

SIR,—It is fortunate that the *Gazette* appears on Fridays as it allows me to remind gourmets, gastronomes and absent-minded amnesiacs that tonight is the evening of the Guy's Grand Amateur Pork Sausage Eating Championship for 1968, which will be held at 7.30 p.m. in the East Wing of the Hospital. Our guest this evening will be Miss Reita Faria, who has kindly agreed to present the prizes for the Men's Marathon and the Ladies' Cram. A warm invitation is extended to all those of true Guy's blood to come and support the Home Team in a sausage-eating match against our Smithfield rivals, Bart's. Wine and sausages galore. Tickets: 3s. 6d. at the door. Dinner is served, sire. . . .

Yours, etc.,

ROBERT LOMAX. . . .
(Editor, *Pulse* Magazine).

The East Wing,
Guy's Hospital.

Hostesses at Guy's

SIR,—What an alarming picture is painted in the "Nursing Section" in the issue dated 3rd February. Patients and nurses living in a world of "worry, anxiety, harassment, fear and tension" and later "many people have gone before, have emerged unscathed and, it is to be hoped, a little wiser". Indeed, the writer might well be echoing Juliet's nurse, "These griefs, these woes, these sorrows make me old."

These phrases and the general content of the article conjure up a vision of a sort of concentration camp where patients and nurses enter, suffer and either fall by the wayside or "emerge unscathed" and "a little wiser"—only a little wiser?

Is the concept of the therapeutic environment, medical and nursing teamwork, the sympathetic understanding of the patient and his needs, and the good nurse-patient relationship solely the prerogative of the psychiatric nurse? I cannot believe so. "We are taught to act as hostesses"; fair enough, but in a therapeutic and secure environment, yes even in a very busy ward this need not engender "worry, anxiety, harassment, fear and tension" in the nurse which will, of course, communicate itself to the patient. (Incidentally, will the male student nurses be "mine host"?).

If such a state as the writer describes really does exist, then surely the answer lies in re-appraising one's motives for entering nursing, which may have been lost sight of, and in recollecting one's own days as a student nurse with their attendant difficulties. I am sure that this would result in an efficient patient-orientated ward with nurses working harmoniously in a congenial atmosphere.

Yours, etc.,

J. B. BENNETT, S.R.N., R.M.N.

York Clinic,
Guy's Hospital,
London, S.E.1.

Education v. Addiction

SIR,—The answer to drug addiction according to *Passim* is education and not prohibition. May I enquire what is meant by the term, "education".

As far as can be seen education has solved very few problems. Every nation spends more and more on education but our moral poverty and problems don't seem to mitigate, only become more insoluble. Yet still we are told "education" is the answer.

Is our concept of education too narrow and have we therefore neglected the spiritual and moral side to it?

Yours, etc.,

STEPHEN C. BAZLINTON

East Wing,
Guy's Hospital.

Aberrant Arteries

SIR,—The article by Dr. K. J. W. Taylor interests me greatly since my right forearm appears to be identical with that shewn in his diagram. As expected my left forearm is not. Having had numerous anaesthetics has naturally made me think seriously about it, and when wheeled into the theatre I have always gone with my right arm tucked underneath me, my left arm held forward, and I am at the same time enquiring if my colleague the anaesthetist has paid his subscription to a Medical Defence Association. Fortunately I have never yet been carried in unconscious, but one of my colleagues has suggested that this is where tattooing is justified. It might certainly save my right arm sometime.

A further point is why it is essential always to induce anaesthetics by intravenous methods. Anaesthetists appear to be horrified when I tell them I find no unpleasantness in a rubber mask; presumably the more junior ones have hardly used such a thing. My last anaesthetic was given by a registrar (and former student) who was most upset at the suggestion. A second disadvantage of my superficial artery is that with advancing years the increased tortuosity will become only too apparent.

Yours, etc.,

R. E. Rewell

The Women's Hospital,
Catharine Street,
Liverpool 8.

REVIEW

INTRAVENOUS TECHNIQUES IN DENTISTRY.

Philip Kurland. Henry Kimpton. 119 pages. *Price 30s.*

This book, written by a Guy's dental surgeon, deals with the techniques of intravenous analgesia and anaesthesia for an out-patient reclining in a dental chair. It is addressed particularly to those dental surgeons who, after qualification, attend a course in intravenous techniques, and now feel prepared to try the method on their own.

The author gives a well-balanced view of the assessment of the patient, the problems and difficulties likely to be met, and helpful suggestions to aid the dental surgeon acting as his own anaesthetist. In the list of contra-indications to methohexitone in the dental chair "pyhoria" must be a misprint for porphyria: this rare disease could have been put in small print and a much more common hazard to the technique—huskiness or loss of voice due to laryngeal disease—substituted.

All dental surgeons will find this little book of interest whether they accept or condemn the technique. It reveals that the author spares no pains for the safety and welfare of the patient. He gives excellent advice on food and drink before anaesthesia, the use of a mouth pack to isolate the tooth rather than block the airway, and the comfort from the use of a pulse monitor throughout the operation. Mr. Kurland stresses the need for skilled chair-side assistance: he regards two helpers as a minimum, but three is preferable.

In an introduction to the book a case is made for the "operator-anaesthetist". Before deciding to use the techniques described, dental surgeons should read the review and recommendations of the Standing Medical and Dental Advisory Committee's report on dental anaesthesia published by H.M.S.O. this year.

W. S. McConnell

SPORT

RUGBY

U.H. CUP—GUY'S v. MIDDLESEX HOSPITAL

Cobham U.H. Cup. 31st January, 1968.

Result: Won 65—0.

From the start, Guy's pressed the Middlesex side, and after six minutes were awarded a penalty 35 yards out. Elliott, although giving the ball direction, did not give it enough power, but Novak, following the kick up, was able to take advantage of the Middlesex fumbling behind the line and scored Guy's first try, which Elliott converted.

From here on in the first half, Guy's were superb. It must be a long time since such open rugby had been seen, especially in a Cup match. The constant backing up, and the ability of forwards to create a second attack from the loose appears to be responsible for the present success of the side. By feeding both wings, the score mounted to 36—0 by half-time.

Guy's began the second half in the same spirit and it was only a matter of minutes until the ball was given to Novak, who has the ability to pierce the defence of good sides and had no difficulty at all with a side of this calibre.

For a time in the second half, Guy's, if one can say it, got slightly bogged down. I think the will to try new manoeuvres, inevitably led to dropped passes in the centre. However, the score moved on, until by the time the final whistle blew Guy's had piled up 65 points.

Novak, of course, on the left wing was outstanding. He scored six tries—in itself a tribute to the pattern of rugby played. Beacham, on the other wing, scored twice, other tries coming from Price, Forbes, Swift, Stoneham and Davies. Elliott had a fine game. His place kicking brought him 10 conversions, a penalty goal from near touch, and a glorious dropped goal with the very last kick of the game.

The result of this match is a tribute to the team as well as to the Captain, Thorburn. The latter was responsible for many of the scoring moves in the game, and congratulations must go to him and his team for giving us such a fine display of rugby . We hope that Guy's play in the same spirit against Barts in the semi-final of the Cup.

D. B. A. Silk.

GUY'S v. COVENTRY

At H.O.P. 3rd February, 1968.

Result: Lost 6—12.

In spite of an icy wind blowing from the clubhouse end, a large crowd of Hospital supporters were treated to a hard and taxing match in the best vein of English club rugby. Coventry's visit had for long been looked upon as the test-piece of the season and although the Hospital lost, they did so only after making the visitors fight every inch of the way, and at the same time bringing much credit upon themselves with a competent performance in all departments of the game.

Coventry fielded a strong fifteen from amongst their wealth of players. Three internationals in Webb on the wing, Gittings at scrum-half, and Godwin hooking, and several trialists and county players made up a talented side. Guy's major task was to hold the visitors up front. The latter started off in formidable style with fine possession of the ball, especially from the lineout. Guy's were helped in the first half by the wind at their backs and any advance made by Coventry was quickly reversed by some fine touch kicking by the Hospital's halves and full-back. In the tight-piece, Guy's held their own splendidly against the experienced eight opposite. It was in the loose that the Hospital had most to offer. Here eight forwards, quick to the score and rucking methodically, denied Coventry possession and committed them to negative or obstructive tactics. The tackling was at times devastating and the sight of so many shaken and disillusioned Coventry players was rare in one's memory.

The Hospital's first try could not have been more fortuitous in its timing or praiseworthy in its opportunism. Good possession in the Coventry "25" on the left of the field in the early minutes of the game allowed the three-quarters to get into their stride. Price wriggled out of a tackle and accelerated through the smallest of gaps between the covering players. His pass to the wing appeared to go astray, but the ball bounced awkwardly for the defence and Novak, following up, got the touch-down. Coventry replied quickly. First, a delayed break by their outside half put their centres through. Then Melville burst away with the ball at his feet and dived over in the corner. Finally, Webb showed the peculiar elusiveness in a meandering run that makes him an international player and Coventry were able to touch-down again far out. Suddenly an onslaught seemed imminent, but Guy's came back with perhaps the try of the match. From a scrum in the Coventry "25" on the right of the field, Novak came in from the blind-side wing and thrust through between the half-backs. The pack followed through, won the touch and with the Coventry defence in disarray, Rowlands came back on the blind-side and touched down way out.

So the score was nine points to six at half-time and it was anybody's game. But now Coventry had the advantage of the wind and the Hospital's task looked even more difficult. In fact, Guy's pack rose magnificently to the challenge and not only held the visiting eight generally, but out-played them in the lineouts. Both sides probed by running the ball and kicking, but the defences were sound. Ross shook off two tacklers superbly on one long run, but a desperate lunge by the last defender deflected him into touch. Unfortunately, try as the Hospital did, there was no way through and the only score of the second half came when Coventry gained an overlap and put Melville over in the corner.

So ended a closely fought contest. There was little between the two sides on the day, but perhaps the visitors' slightly greater skill in their mid-field three-quarter play gave them the edge. Guy's conceded as many tries in this match with Coventry as in all their previous games this season, but it was no discredit that this occurred when their rugby had been of such near equal quality.

Team: D. Elliott; J. Novak, J. Price, M. Cheesborough, J. Ross; B. Rowlands, P. Swift; J. E. Davies, G. Voss, J. Stoneham; P. Peace, C. Neville; C. Thorburn (Capt.), M. Forbes, J. Curzon.

J. A. Baker.

GUY'S v. DEVONPORT SERVICES

Guy's 27 pts. Devonport 3 pts.

Devonport hit by 6 team changes due to the Navy's fixture with Blackheath, were no match for a well drilled Guy's side. This must argur well for the inpending cup fixtures.

The score at half-time, 6 nil, did not reflect the forward superiority of Guy's. Twenty minutes of the first half passed before Devonport won clean possession from the line-out. They were consistently outrucked, and freshman Cambala had an auspicious debut at hooker.

Unfortunately, little use was made of this good ball. Swift and Rowlands had an "off day" at half back, and consequently the three quarters never ran fluently from the set pieces. It was from broken play that Guy's proved most likely to score. This reflects greatly on the performance of the Guy's back row. The ubiquitous Thorburn always appeared dangerous and constructive, linking both forwards and backs, particularly in one tremendous combined movement, carrying the ball 65 yds., through several pairs of hands and ending with Cockburn going over for the try. The latter also distinguished himself in some fine plunging runs in the loose. Curzon as always, proved a relentless killer of the loose ball, setting up innumerable good rucks.

Of the wings, Novak gave a glimpse of his true potential in crashing through the cover to cross by the corner flag, and Beacham displayed a classical inside jink before swerving outside his men, alas to cross in the corner.

The scorers were:—Beacham, Novak, Curson, Thorburn and Cockburn. Elliott converted 3 and kicked two penalties. Guy's won by 3 goals, two tries, and two penalty goals, to a penalty goal. A most satisfying result.

G. HEY

HOCKEY

The Hockey Club has now reached the final of the United Hospitals' Cup and the semi-final of the University League Cup Competition.

In the U.H. Cup semi-final two goals in extra time enabled Guy's to eliminate the cup holders, St. Mary's, in a fine and close, exciting game. In U.L. Cup semi-final Guy's will have met the College of Estate Management on the 14th February—interestingly their opponents beat St. Mary's to reach the semi-final!

Guy's playing record for Saturday games shows the limitations of the team, but the addition of M. Appleby (the University centre forward) for the cup matches has provided the scoring power that they otherwise desperately lack.

UNITED HOSPITALS' CUP SEMI-FINAL.

Result: Won 3—1.

The match was played on a dry day at St. Mary's ground at Teddington. Cripps won the toss and elected to play away from the low, winter sun. The play from the bully off went into Guy's half and St. Mary's were soon awarded a short corner. This was well taken but Vellacott prevented a goal by a brilliant piece of stick work on the line. The play now switched from end to end of the field, each side seeming incapable of scoring a goal. After twenty minutes St. Mary's were awarded another short corner. The shot was brilliantly stopped by Clark. The ensuing goal mouth mêlées resulted in two more short corners to Mary's and Guy's had every reason to be glad of Clark's steady eye and well placed feet, not only indeed, at this moment but at many points later. Shortly after these two short corners Appleby appeared to pull a hamstring and although he remained on the field he was limping badly and Guy's attack was blunted. During the rest of the first half Guy's played badly with poor passes, men not marked and opportunities missed, and St. Mary's opened the scoring from a short corner. Lest it should sound as if St. Mary's success was solely due to Guy's failures let it immediately be said that this was far from the truth.

In the second half Guy's played much better and Appleby seemed to have recovered from his leg trouble. A short corner to Guy's showed the advantage of having tactics planned before the game. Cripps stood by Appleby at the top corner of the striking circle as if they were going to put the ball in the net. Instead Godfrey played the ball to Pearson standing innocently nearer the centre of the striking circle, he stopped it and before the goal keeper could recover, the ball had been hit by Kendrick into the goal. During the rest of the half both teams played well and there were many excellent attacking moves by Mary's. Following a short corner Guy's were awarded a penalty stroke when a St. Mary's player stopped the ball on the line with his feet. The stroke was taken by Cripps but was well saved by St. Mary's goal keeper. The score at full time was 1—1 and the game continued into extra time: ten minutes each way.

The first ten minutes were scrappy. Again Vellacott saved a goal from a short corner by excellent stick work on the line. In the second ten minutes Appleby put the final seal on the game by scoring two goals. The first was a combined effort by him and Pearson; the second a solo effort with beautiful ball control beating the opposition hands down.

Guy's won 3—1 and are now in the Final for the first time in four years. This was a good game to watch and no doubt the Final will be as good, and it is to be hoped that as many people as possible will turn out to cheer, as there is absolutely no doubt that a large number of spectators shouting for them is a tremendous psychological boost to a team.

Team: R. K. F. Clark; M. N. Vellacott, D. R. Crafts; R. A. G. Goodhart, C. R. Pearson, R. W. Kendrick; A. E. Godfrey, N. J. Dodd, M. I. Appleby, S. N. Cripps (capt.), A. Winskill.

C. Hunter-Craig.

A.G.M. GUY'S HOSPITAL TABLE TENNIS CLUB, 1967/68.

The A.G.M. of the Guy's Hospital Table Tennis Club was held on Monday, 22nd January, at 5.15 p.m. in the Dental Theatre. K. E. Pringle, Esq. took the chair. The secretary's report was mainly concerned with the general apathy in "getting out" full teams.

The president remarked on the complete lack of support from the "medical side" of the Hospital. In conjunction with this, the Dental School would like to issue a challenge to any "would-be" table tennis players from the Medical School. Any enquiries relating to this challenge should be addressed to B. Levy, c/o East Wing. The previous secretary was thanked for his two years in office.

New officers elected at the A.G.M. were as follows:—President, K. E. Pringle, F.D.S., L.D.S., R.C.S.; Vice-President, D. London, Esq.; Secretary, B. Levy; First Team Captain, I. Learner; Treasurer, C. Farrant.

K. Taylor

ASSOCIATION FOOTBALL

Within a fortnight Guy's have recently played the London Hospital on three occasions. An U.H. League game began the marathon with a 1—1 draw (a game that lacked cohesion for either side). Three days later Guy's faced the London in the U.L. Cup Quarter-final. Again a draw but 5—5 with both sides scoring in extra time!

However, Guy's attempted to ensure a win in the replay by fielding their strongest side of the season with W. W. Davies making a welcome (but temporary) return at centre forward where it was hoped that he would inspire Guy's into winning through to the semi-final. But despite constant pressure Guy's failed in front of goal and an early goal by the London proved sufficient.

GUY'S v. U.C.H.

At Home. Saturday, 3rd Feburary, 1968.

U.H. Cup, Round 2.
Result: Won 3—0.

Guy's took the field, needing to win to reach the U.H. Cup Semi-Finals for the fourth time in five consecutive seasons.

The U.C.H. defence was panic-stricken in the first few minutes as Guy's mounted a deluge of attacks. The Guy's forwards were tormenting the visitors' defence and, justifiably, they scored when Lindridge coolly drew the goalkeeper, dribbled round him and slammed the ball into the empty net. In their occasional attacks, U.C.H. were showing the Guy's defence to be rather open and vulnerable. As Guy's surged goalwards, U.C.H. were grateful to give away corners, but one of these resulted in the second goal—Jacobs casually steering the ball into the far corner of the net. Although well in command of the game, Guy's were unable to capitalise on further scoring chances.

With the wind behind them, Guy's kicked off, hoping to convert their superiority into goals. However, the U.C.H. goalkeeper was in good form and he made several excellent saves, but was deceived by a 30-yard effort from Poole which floated high into the net to give Guy's a 3—0 lead.

Taylor was playing well in defence, after a shaky start, and he was timing his tackles well. Whenever U.C.H. did manage to penetrate the Guy's defence they found Wood in fine form, and on one occasion he came out well to stifle the forward's shot, when he seemed certain to score. Guy's were never in danger of losing this game, but the team must learn to take the chances offered, and in fact should have won this match more decisively.

This victory means that Guy's will meet the London Hospital—for the fourth time this season—in the semi-final.

Team: J. Wood, S. Milnes, K. Taylor, S. Poole, I. Nash, R. Lovell, D. Jacobs, I. McClure, R. Davey, D. Lindridge (Capt.), D. Ward.

DIARY

RUGBY

Feb. 17.—London Irish—Sunbury.
,, 24.—Exeter—Exeter.

Mar. 3.—Old Alleynians—Dulwich.

RUGBY U.H. CUP FINAL—MARCH 13th

SOCCER

†Feb. 17.—L.S.E. Away.
* ,, 21.—U.C. Away.
,, 24.—U.H. Cup. Semi-finals.
† ,, 28.—I.C. Away.
†Mar. 2.—Q.M.C. Away.

† Denotes University League Fixture.
* Denotes United Hospitals League Fixture.

The Soccer Club A.G.M. will be held on Wednesday, 15th May, in the North Common Room, at 5.0 p.m. The Annual Dinner will follow at 8.0 p.m. in the Lower Grapes.

HOCKEY

Feb. 17.—Queen's College Cambridge. H.O.P. 10.45 a.m.
,, 24.—Gore Court. H.O.P.

Mar. 2.—Sevenoaks. H.O.P.

HOCKEY U.H. CUP FINAL—FEBRUARY 28th

HOCKEY

GUY'S v. N.P. BANK

H.O.P. February, 4th

Result: won 1—0

This was a game that Guy's could easily have lost but for some good goal keeping and defensive play by the two backs. The team showed a number of positional changes mainly in an attempt to find a left half and an inside right for the cup team. R. Chase came in at centre forward as N. Turfitt had caught a bug which had drained his strength.

The captain, S. Cripps, back from the sun and avalanches of Austria, helped to put some fire into the forward line and backed up his Cambridge boasts by scoring the Guy's goal during the second half.

From the bully off Guy's came under pressure especially down the left and in the centre. The Bank didn't score mainly because none of their inside three would shoot as soon as they went into the circle. The second half followed much the same pattern. The goal came halfway through the half when Cripps picked up the ball just outside the "25" from a free hit and beat the advancing goal keeper with his shot.

R. Goodhart having his first game at right half for the first team made a good showing with some well judged intercepting and cross passes in an otherwise poor and indifferent game.

Team: R. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. Pearson, R. Kendrick, A. Godfrey, N. Dodd, R. Chase, S. Cripps, A. Winskill.

R. W. KENDRICK

FOOTBALL

GUYS v. QUEEN ELIZABETH COLLEGE

U.L. League

Away Saturday, 27th January

Result: lost 4—0

Guy's, in desperate need of league points, were determined to avenge their 6—1 defeat by Q.E.C. at Honor Oak Park earlier this season.

The home side pressed hard in the early stages, as the Hospital team was slow to settle down. The Guy's defence was being far too indecisive in its tackling and its hesitancy played a large part in allowing the College team to open the scoring. The Guy's forwards were ineffectual against the opponent's defence with the result that the Guy's goal was under constant pressure. Two goals followed in quick succession to give Q.E.C. a comfortable 3—0 lead after only 35 minutes. Guy's only first half scoring attempt was a good effort by Davey, who was unlucky to see a 20—yard drive fly past the post, after cleverly beating the centre half.

In the second half, Guy's produced a better performance with determined thrusts down the middle by McClure, Davey and Lindridge. However, apathy was rampant on the wings, and the Guy's numbers 7 and 11 could make no impression whatsoever. In defence, Nash was turning in his usual reliable performance while on the other flank Evans was playing extremely well. As Guy's pressed harder, Q.E.C. were somewhat lucky to score with a breakaway goal. The game ended with Guy's controlling the midfield, but failing where it most counts—in front of goal.

Team: J. Wood; P. Evans, I. Nash; S. Poole, D. Lindridge (capt.), R. Lovell, D. Jacobs, I. McClure, R. Davey, P. Epps, R. Leeburn.

R. LOVELL

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Senior Registrar in Clinical Pathology** with duties in clinical chemistry, to commence as soon as possible. The appointment is renewable annually. Forms of application are available from the Superintendent, Guy's Hospital and should be returned not later than **4th March, 1968.**

GUY'S HOSPITAL MEDICAL SCHOOL

Lecturer or Junior Lecturer in Physiology.

Applicants, men or women, should be medically or dentally qualified with an interest in the scientific aspects of Medicine or Dentistry, not necessarily with any special experience in Physiology. There are good facilities for work with clinical departments and for working for a higher degree. Arrangements could be made for part-time work. Salary (full-time) within the range £1,415 to £2,630 plus £60 London Allowance, according to qualifications and experience, with superannuation. Application should be made on a form obtainable from the Dean.

APPOINTMENTS

GUY'S HOSPITAL
HOUSE APPOINTMENTS
March 1st 1968

House Surgeons

Professor Sir Hedley Atkins	Mr. A. K. Y. Walker	*6 months*
Mr. Wass	Mr. M. J. Lockwood	*3 months*
Mr. Blackburn	Mr. T. A. Harrison	*6 months*
Mr. Lawrie	Mr. S. R. C. J. Stanley-Little	*3 months*
Mr. Glover	Mr. A. P. Freeland	*3 months*
Mr. Brain	Mr. M. W. M. Bridger	*6 months*
Mr. Beard	Mr. R. S. Carruthers	*3 months*
Mr. Maynard	Mr. C. W. Thorburn	*6 months*

House Physicians

Dr. Mann, Dr. Scott	Mr. M. G. Falcon	*3 months*
and Dr. Bishop	Mr. M. Sutton	*6 months*
Dr. Hardwick,	Mr. N. Irish	*3 months*
Professor Trounce and Dr. Deucher	Mr. H. W. Berry	*6 months*
Dr. Baker, Dr. Houston	Mr. B. D. W. Harrison	*3 months*
and Dr. Grimble	Mr. R. L. M. Newell	*6 months*
Dr. Kauntze	Mr. J. J. Halliday	*3 months*
Dr. Joiner	Mr. P. M J. Domaingue	*6 months*
Professor Butterfield	Mr. K. G. E. Brown	*3 months*
Dr. MacLean and Dr. Lessof	Mr. M. A. Coe	*6 months*

House Surgeon to the Surgical Unit
Mr. J. W. Wright
3 months

Gynaecological House Surgeon
Miss W. J. Higlett
6 months

Throat and Ear House Surgeons
Mr. K. H. Riding
3 months
Mr. R. J. Tate
6 months

Orthopaedic House Surgeons
Mr. A. G. D. Budhlall
3 months
Miss M. E. Fortnam
6 months

Genito-Urinary House Surgeon
Mr. J. R. Rolph
3 months

Children's House Physicians
Mr. R. C. Bucknall
3 months
Mr. N. M. White
6 months

House Physician to Dr. Bishop and Radiotherapy
Mr. J. K. Bell
6 months

Casualty Officers
Mr. D. L. Ingram
3 months
Mr. K. Burshan
3 months
Mr. D. R. H. Vernon
3 months
Mr. J. E. Dussek
6 months
Mr. D. J. Hanley
6 months
Mr. T. N. D. Peet
6 months

Resident Obstetricians
Mr. P. J. C. Trenchard
3 months
Mr. L. D. Byer
6 months

Neurological House Physician
Mr. C. C. Penney
6 months

Dermatological House Physician
Mr. R. K. Jacoby
6 months

House Physician in Child Psychiatry

6 months

House Surgeons to the Thoracic Unit
Mr. D. J. Peters
3 months
Mr. A. Aynsley-Green (S.H.O.)
6 months

House Physicians in the Department of Psychological Medicine

Miss W. M. Rostron	1.4.68—30.9.68
Mr. M. O. Aveline	1.4.68—30.9.68

Resident Anaesthetists
Mrs. I. M. J. Mathias
3 months
Mr. J. F. Searle
3 months
Mr. A. M. Morris
6 months
Miss E. A. Evans
6 months

R.M.O.s in Nuffield House

Mr. J. M. I. Iveson	1.1.68—30.6.68
Mr. J. M. Boulton Jones	1.3.68—31.8.68

Children's House Physicians at Evelina Hospital

Mr. R. A .Y. Pietroni	1.10.67—31.3.68
Miss M. T. Cunningham	1.12.67—31.5.68
Miss D. P. L. Gorvette	1. 2.68—31.7.68
Mrs. A. M. Birch	1. 4.68—30.9.68

Casualty Officer at Evelina Hospital
Mrs. Vethavenum

ST. OLAVE'S HOSPITAL

House Physicians to Dr. Cox and Dr. Mason:
Mr. J. H. Topham
3 *months*
Mr. A. Loach
6 *months*
House Surgeon:
Mrs. C. A. Topham
3 *months*
Senior House Surgeon:
Mr. J. G. Cochrane
3 *months*
Gynaecological House Surgeon:
Mrs. K. Roshan
6 *months*
Casualty Officer:
Mrs. Anand
3 *months*

NEW CROSS HOSPITAL

House Physicians in Medicine and Geriatrics
(S.H.O.):
Miss E. Cosgrove
3 *months*
Mr. N. C. Hamblyn
3 *months*
(S.H.O.)
Mr. D. Siggers
6 *months*
Mr. J. L. Williams
6 *months*
Orthopaedic House Surgeons
(S.H.O.):
Mr. A. L. G. Peel
6 *months*
Mr. W. P. J. C. Onyeama
3 *months*

BECKENHAM HOSPITAL

House Surgeon:
Mr. E. N. Turfitt
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. R. P. Juniper
3 *months*
House Physician to Dr. Roberts:
Mr. S. C. A. Davoodhboy
3 *months*
House Surgeon to Mr. Le Brun:
Mr. B. W. R. Moore
6 *months*

KENT AND SUSSEX HOSPITAL

House Physician:
Mr. J. P. H. Jago
3 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson:
Mr. G. Pay
6 *months*
House Surgeon to Mr. Lavy:
Mr. P. M. Wood
3 *months*
House Physicians:
Mr. S. A. L. Ceesay
3 *months*
Mr. T. C. Leung
6 *months*

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Lessof;
Mr. T. Gibson (S.H.O.)
3 *months*
Mr. A. Kumar
6 *months*
Mr. D. P. G. Griffiths
3 *months*
House Surgeon with Urology:
Readvertised
6 *months*
House Surgeon to Mr. O'Flynn:
Mr. Kermani
3 *months*
House Surgeon to Mr. Candy:
Mr. D. L Beales
3 *months*

ST. NICHOLAS HOSPITAL

House Physician to Dr. Scott:
Miss R. C. Radford
3 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and
Infectious Diseases:
Mr. K. R. Nolan

P. J. HELLIWELL,
Superintendent

6th February, 1968.

PERSONAL

EASTBOURNE—Fourth Partner required in busy three man practice in Eastbourne. Plenty of opportunities in all branches of Dentistry with full clinical freedom. Own practice laboratory on premises—Box No. 3/2, Guy's Hospital Gazette.

TO LET—Unfurnished luxury maisonette, two bedrooms, two reception, bathroom, fitted Kitchen with refrigerator, central heating, garage situated Lee Green/Blackheath border rent £8 per week. Tel: 852 6854 (evenings).

TUNBRIDGE WELLS—Assistant Dental Surgeon, newly qualified, with a view to partnership, required in busy progressive practice, housed in purpose-built modern surgery block. Full chairside and clerical assistance, hygienist, laboratory on premises. Box No. 4/2.

CHANGES OF ADDRESS

Dr. L. R. B. Birt, Box 117, Bryanston,
Transvaal, South Africa.

Ian Gordon Christie, 11 Wensley Gardens,
Emsworth, Hants.

Bryan J. Cremin, 303c Forest Hill, Mowbray,
Cape Town and Dept. of Radiology, University
of Cape Town.

Miss C. N. M. Grant, 55, Bath Hill Court,
Bath Road, Bournemouth, Hants.

Mr. John M. Hackman, 147 Three Bridges
Road, Crawley, Sussex. Tel: CRA 24779.

H. Leonard Ide, 26 Cromwell Road, Teddington, Middx.

R. L. Kenyon, 14 Sun Lane, Harpenden,
Herts.

Dr. F. H. Kingston Knight, 15 Glanmor Park Road, Swansea, Glam.

Laura and Maurice Hart, 11 Glebe Road, Dorking. Tel: Dorking 2673.

Mr. and Mrs. Richard G. Notley, 68 Kingshill Drive, Kenton, Middlesex. Tel: Wordsworth 9314.

Dr. and Mrs. R. R. Watkin, 40 Southway, Carshalton Beeches, Surrey. Tel: 642 2091.

Mr. G. F. Willcox, 15 Barrydene, 53 Oakleigh Road North, Whetstone, N.20. Tel: 01-445 7504

BIRTHS

ALBERT—On 16th January, to Raymond and Ann (née Wiseman, D.P.H.) twin daughters.

LIDDIARD—On 26th January, to Sally (née Warren) and Paul Liddiard, a son, Timothy Richard Guy, a brother to Nicola.

MEMBREY—On 10th December, 1967, to Priscilla (née Atkinson, S.R.N.) and Tony, twins Helen and Luke.

REES—On 27th November, to Nansi (née Jones) and Denis Rees, a son John Christopher.

SOUTHGATE—On 24th January, 1968, at Sevenoaks Hospital, to Anne (née Witham) and Jack Southgate, a son, Clive Roland.

WEINTRAUB—On 10th October, 1967, to Judith and Herbert Weintraub, in Philadelphia, Pennsylvania, a son, David Trevor Morton, brother to Linda Anne and Susan Elizabeth.

ENGAGEMENT

SKUSE—JONES—The engagement is announced between John Skuse and Marion Elizabeth Jones

DEATHS

BELCHER—On 13th December, 1967, Surgeon-Commander H. L. Belcher, O.B.E., M.R.C.S., L.R.C.P., aged 66.

GEENWAY—On 13th January, 1968, Major-General C W. Greenway, C.B., C.B.E., M.R.C.S., L.R.C.P., A.M.S. (Retd.) aged 67.

ROBERTSON—On 29th December, 1967, Dudley Ernest Campbell Robertson, L.D.S., R.C.S. (Eng). aged 69 years.

ERRATA

Dr. George Lunty, in the notice of congratulations in Guy's Diary, 3 February, should read LUNTZ. We apologise for this unfortunate error.

We would like to remind our readers that all copy for inclusion in the Gazette must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT J. G. PAYNE
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2077

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Eat-In

For many years students at Guy's have tried to find a means whereby they could bring to the attention of the authorities the poor quality of the food they eat in the Spit. From the results of the Eat-In that was held two weeks ago it appears that success is within sight.

Under the guise of a sausage-eating contest between Guy's and fellow-emaciated Bart's, a most fantastic gastronomique circus was put on with the consumption of over 120 lbs. of genuine pork—British produced. This was in no way a Back Britain Campaign, but a protest against inadequate hospital cuisine.

Held in the East Wing and honoured with the presence of a group of Czech medical students currently in this country on a two-week culinary tour of Britain under the auspices of the Education Exchange Council, the more malnourished individuals of the contesting sides set to.

Bart's showed the true colours of their kitchen's deficiencies when five zombie-like characters consumed 38½ sausages in ten minutes, winning for themselves that most treasured prize of Champions of the Sausage Relay.

But Guy's were not to be out-eaten, for in reply Robert Kent demonstrated most poignantly the hunger suffered at the hands of the Guy's Catering Committee by devouring 23½ long-johns in the 30-minute Marathon, for which he received the equivalent in prize of a Gold Medal.

As the evening wore on, with fears of burst abdomens hovering over surgical take-in housemen, Christine Ryman, a Guy's nurse, surprised all by achieving the exalted position of Queen Crammer by polishing off 18 sausages in 15 minutes, a new Women's All-comers' Record!

The night for Guy's was capped by an event the winning of which will only be equalled by the First Fifteen, if it wins the Cup, when Guy's man John Wood downed 1 dozen raw eggs in 4.9 seconds, and two pints of best bitter in 7.7 seconds, easily bettering the reigning champions, Oxford University. So much for that other place.

What's in a name?

The *Gazettes* of the late fifties often contained controversial matter, and there was one subject that never failed to raise the ire of the readers, and which filled the Correspondence columns on more than one occasion. The subject was the naming of what we now refer to as "New Guy's House". Almost every well-known name at Guy's was suggested at some time; past distinguished staff, present senior staff, and even the name of the Hospital's favourite sport—Rugby. It is strange that no such fury has yet been roused about the embryo monster whose birth pangs we are now witnessing. One reason for this lack of nominal enthusiasm has now been invalidated; the thing *is* being built.

It would seem a pity if the functionalists got away with their dry, descriptive suggestion of "The Tower Block". But the romantics of the Hospital have not put up much of a fight as yet. Perhaps they are massing in their garrets, sharpening their quills, and reading Wilks and Bettany in preparation for the attack. Let them stir their inkwells and smooth their paper quickly before, as happened with New Guy's House, general usage of the descriptive name makes other suggestions superfluous.

Surely the Hospital that has been visited by the spirit of Keats and has only lately lamented the loss of that most cultured man, Dr. Vertue, can rise above the utilitarian and allow itself a brief flight into the realms of fancy?

Whatever is decided, whoever wins, may we escape the awful suggestion embodied in the poem published in the *Gazette* in 1957, of which the last stanza ran:—

"Why should a Guy's man be tied through time
To the protruding squares of this rectangle,
Let the punishment fit the crime
And the hybrid mass be 'Gray's Squectangle'."

Rules for Plaster Throwers

On March 13th, Guy's will play The London Hospital in the final of the Inter-Hospitals' Rugby Competition. In order to preserve what good-will that remains for Guy's in and around the Richmond ground, and to prevent a recurrence of the indiscriminate ragging that took place in 1966, may we offer the following basic rules for potential Plaster Throwers:—

1. The aim is to decorate students from the opposing camp, not to destroy everyone in range.

2. The Rag is to be restricted to the area designated by the ground staff.

3. Do not attempt to decorate anyone who, by reason of seniority, sex, or sartorial elegance, has no intention of taking part—unless he has just caught you with a bag of flour behind the ear.

4. Cars of a greater value than £25 are not to be used for target practice. One of the largest sums owed after the last final was for the re-spraying of a Rolls Royce.

5. During the journey to and from Richmond, missiles should not be thrown at innocent passers-by. After all, they have probably never heard of Rugby Football and certainly are not interested in the Hospitals' Cup.

6. They treat us very well at the Tulip Tree. Do not re-decorate the place; we have only just finished paying to have it re-decorated after 1966.

7. Remember that there is a match going on. Avoid the field of play before the game; and keep off it during the match.

GUY'S FOR THE CUP

GUY'S DIARY

We offer our congratulations to Mr. R. D. G. Gain on his appointment to the post of Consultant to the Department of Dental Prosthetics.

MARCH

4th	M.	1.00	Clinical Lecture. Dr. JOSEPH. "Pneumonia in Infancy."
5th	Tu.	1.00	Clinical Lecture. Mr. BEARD. "Acute Cholecystitis."
8th	F.	1.00	Clinical Lecture. Mr. BRAIN. "Pulmonary Embolism."
11th	M.	1.00	Clinical Lecture. Dr. VALE. "How is Open Heart Surgery Possible?"
12th	Tu.	1.00	Clinical Lecture. Prof. BATCHELOR. "Homografts and Immunity."
14th	Th.	1.00	Clinical Lecture. Mr. HUDSON. "Some Aspects of Fluorescene Photography in Ophthalmology."
15th	F.	1.00	Clinical Lecture. Prof. BUTTERFIELD.

VAGINAL LACERATIONS

A Fresh Classification

by

J. D. Ellis

Hitherto vaginal laceration has been classified into three divisions or degrees. That a fresh consideration of the classification is needed will be apparent from the fact that, although there is universal agreement on a tripartite division, no two authorities agree exactly as to where the divisions should be made.

For instance, the Queen Charlotte's Textbook of Obstetrics (1965) defines a first degree laceration as involving only the fourchette with any extension beyond this coming into the second degree. Myles (1964) giving the Midwives' viewpoint, agrees with this, but Donald (1964) allows a little vaginal and perineal skin involvement as well.

Bell (1962) includes the fourchette and perineal skin in a first degree laceration but specifically excludes the skin of the posterior vaginal wall which he puts into the second degree, but Gibberd (1965) defines the first degree laceration as involving the posterior vaginal wall and specifically excludes the perineal skin which he, in his turn, puts into the second degree.

Bourne (1965) regards lacerations of the fourchette as inevitable. They form a pre-first degree group in his classification and the first degree laceration involves perineal skin and subcutaneous tissue, the anterior margin of the perineum and, usually, the vaginal wall.

Musgrove (1964) goes furthest of all and talks of a first degree laceration spreading from the posterior vaginal wall and involving the fourchette and also the perineal body—but not the levator ani. Since Gray's Anatomy (1964) includes fibres of the levator ani in the perineal body the distinction lacks exactness.

The situation is no less confused when considering the borderland between second and third degree lacerations. Most authorities specify that a third degree laceration involves anal spincter and rectum (Bell (1962), Bourne (1965), Gibberd (1965), Myles (1964), Queen Charlotte's Textbook of Obstetrics (1965)).

However, Donald (1964) includes laceration of the anal sphincter in the second degree and insists on rupture of the rectal mucosa for the third degree and Chassar Moir (1964) also includes rupture of the anal sphincter as part of a severe second degree laceration, but he is prepared to allow that a third degree laceration may only involve the addition of the anal canal without yet involving the rectum.

This has meant that while the management of lacerations in an obstetric unit may be rigidly divided according to the degree into which the laceration is classified, this classification is entirely arbitrary and dependent on the textbook most recently studied.

Basis for the older classifications.

These classifications of the degrees of laceration discussed above were evolved on the basis of their management. For instance, that of Myles (1964) could be paraphrased as "First degree—suture not required. Second degree—suture (and therefore medical aid) required. Third degree—not only requiring suture but also special nursing care."

In general, the management by the doctor in the past could be summarised as follows :

First degree—there was no need to repair these as the local blood supply was excellent and good healing could be expected. In an age when any bleeding of less than 1 pint (560 ml) was not regarded as significant the smaller loss from the vaginal edge could be ignored.

Second degree—when this was first defined the prime consideration was the preservation of the perineal skin so that the birth canal could remain as separated as possible from extraneous infection. If by any mischance it should be torn, the laceration had to be closed, but to prevent the setting up of stitch abscesses the suturing had to be superficial, simple and removable. Buried catgut (Gibberd 1938) was to be avoided where at all possible. The necessity to appose the muscle of the perineum, if it was involved, was also recognised at the time but the principle of the removable suture remained and hence the distinction from the laceration of the third degree remained.

Third degree—there was involvement of the anal sphincter (at least) and so muscle beneath the skin had to be repaired. This involved the use of absorbable sutures which had to be left *in situ* with the attendant dangers of sepsis. The bowel may or may not have been involved (and we have seen that most authorities feel that it always was) and therefore, rectovaginal fistula was a possibility. Involvement of the bowel meant that an attempt had to be made to prevent the passage of faeces completely until healing was secured. Therefore, the patient was kept lying flat and the bowels were confined totally with the aid of low residue diets and constipating agents.

Basis of a modern classification.

In modern obstetric practice the danger of infection has receded and the patient has now every right to expect a restoration of function in her perineum after childbirth.

Care of the perineum is such that full healing can be expected even after using buried absorbable sutures to secure accurate anatomical apposition of perineal muscle.

Bearing this in mind there can be recognised five grades of vaginal laceration and to avoid confusion with the old numerical degrees these are best marked by letters :

Grade A.—*Laceration of the vaginal skin alone.* This will always include the fourchette but will not extend into the perineal skin proper. This grade of laceration will only require suture to control haemorrhage from the vaginal edge and, provided the laceration is short, this will not often be necessary.

Grade A tears must be clearly distinguished from those in Grade B.

Grade B.—*Laceration involving vaginal skin and perineal muscle.*

This is the tear of the expert—who wishes to preserve the perineal skin above everything and has the skill to do so.

During the long process of stretching the perineal skin, the superficial perineal muscles (and even the deep) are torn and pushed apart never to return, unaided, to the midline.

In particular, the superficial introital sling of muscle (the sphincter vaginae) is invariably ruptured, leaving the introitus permanently open and thus unable to vary the dimensions of the orifice at intercourse.

This type of laceration requires full repair of the perineal musculature, often in two layers, and may well involve incising the perineal skin for access to enable the sutures to be placed accurately. Some form of analgesia will be required.

Grade C.—*Laceration involving vaginal skin, perineal muscle and perineal skin.*

This is, in fact, similar to the situation after episiotomy and requires ideally, repair of vaginal skin, deep perineal muscle (extension of levator ani), superficial perineal muscle and perineal skin. The methods available for this repair have been well described in the standard text books (Wilson Clyne (1963), Chassar Moir (1964)), but all involve buried catgut for the best functional result. Again some form of analgesia will be required, but again it can be local and simple.

Grade D.—*Laceration as in Grade C (vaginal skin, perineal muscle, perineal skin) but with extension to involve the anal sphincter.*

The sphincter concerned has been shown to be the lowest margin of the internal sphincter (Goligher *et al* (1955)) and its restoration is essential if there is to be continence of fluid rectal content and flatus. It is not, however, concerned with general faecal continence which is maintained by the pubo-rectalis (Claye *et al* (1963), Parks *et al* (1966)). This latter muscle comes round as a sling behind the rectum at the anorectal junction forming the anorectal angle and cannot be injured by a birth canal laceration unless it involves the posterior rectal wall as well as the anterior (which is inherently unlikely).

Repair of the torn internal sphincter involves merely one extra suture (or at most two) in addition to those required for a Grade C laceration. A flat mattress suture of catgut will prove very satisfactory, and it can be readily performed under local analgesia.

The after-care involves no more rest in bed than that after a Grade C laceration but it is helpful to provide a low residue diet with the addition of liquid paraffin to prevent the necessity to pass solid lumps of faeces in the first few days after delivery.

Grade E.—*This is the full-scale perineal tear with extension into the rectum itself.*

The rectal mucosa is ruptured and an artificial cloaca is created. The anal sphincter will invariably be involved and a superficial extension of perineal skin laceration through the anal margin around an intact sphincter would not come into this grade but rather into Grade C. However, any direct traumatic fistula between vagina and rectum would come into Grade E and would require converting to a cloaca for its proper repair. Very careful apposition in layers is required in order to prevent the formation of a recto-vaginal or recto-perineal fistula and the danger of infection is very real.

It will be found helpful to bring a layer of rectal fascia together between the layer of sutures in the rectal mucosa and those in the perineal muscle. It is most important that there be no continuous track formed by catgut from rectal to vaginal lumen, otherwise it will be invaded by rectal content and so maintained as a fistula. To assist in reducing the danger of such invasion, bowel sterilisation (for instance with a non-absorbed sulphonamide) should be instituted, but again the passage of solid lumps of faeces should be avoided.

Any disruption of the sutures would prove disastrous and thus the patient ideally needs to be kept lying flat, but most people nowadays would find this incompatible with the early mobilisation required to reduce the danger of deep vein thrombosis and would prefer to get the patient up. Proper repair of this, fortunately uncommon, grade of laceration cannot be carried out without general anaesthesia or extensive regional block.

Conclusion.

It will be seen that the responsibility of the Accoucheur to make an accurate assessment of the exact extent of a vaginal laceration is very great and classification, on the findings, into the grades described will help him, or her, more readily to make a decision as to the correct treatment.

Of course, many centres will prevent most of their lacerations by the creation of artificial Grade C lesions (episiotomies) but even there extension has been know to occur and then the vital distinction between the relatively simple Grade D laceration and the potentially dangerous Grade E must be made.

In other, less sophisticated, or more hard pressed, centres, preservation of the perineal skin will continue to be of importance. But even there the mere prevention of infection should not be made the excuse for disregarding the total subsequent ineffectiveness of a perineum subjected to a Grade B laceration and not repaired.

Summary.

It is felt that in the light of modern obstetrics, vaginal lacerations would be better reclassified into five Grades which bear direct relation to present-day thoughts concerning the technique and management of perineal repair.

The Grades suggested are:

A—Vaginal skin alone.
B—Vaginal skin and perineal muscle.
C—Vaginal skin, perineal muscle and perineal skin.
D—Vaginal skin, perineal muscle, and perineal skin with involvement of the anal internal sphincter.
E—Involvement of rectal mucosa.

REFERENCES

Bell, A. (1962). A Pocket Obstetrics, 5th Ed. Churchill, London.
Bourne (1965). A Synopsis of Obstetrics & Gynaecology. John Wright, Bristol.
Chassar-Moir, J. (1964). Munro-Kerr's Operative Obstetrics, 7th Ed. Balliere, Tindall & Cox, London.
Claye & Bourne (1965). British Obstetric Practice, 3rd Ed. Heinemann, London.
Clyne, W. (1963). A Textbook of Obstetrics & Gynaecology, 1st Ed. Heinemann, London.
Davies & Davies (1964). Gray's Anatomy, 33rd Ed. Longmans, London.
Donald (1964). Practical Obstetric Problems, 3rd Ed. Lloyd-Luke, London.
Gibberd, G. F. (1938). A Short Textbook of Midwifery, 1st Ed. Churchill, London.
Gibberd, G. F. (1965). A Short Textbook of Midwifery, 8th Ed. Churchill, London.
Goligher, Leacock, & Brossy (1965). Brit. J. Surg., 43, 51.
Musgrove (1964). Lecture Notes in Obstetrics, 3rd Ed. Blackwell, Oxford.
Myles, M. (1964). Textbook for Midwives, 5th Ed. Livingstone, Edinburgh.
Parks, A. G., Porter, N. H., & Hardcastle, J. (1966). Proc. R.S.M., 59, 478.
Queen Charlotte's Textbook of Obstetrics (1965) 11th Ed. Churchill, London.

First published in the *Nursing Mirror,* November 1967.

CORRESPONDENCE

The Tower Block

SIR,—I was very glad to see your recent reference to the Tower Block scheme and to the appointment of Messrs. Y. J. Lovell (London) Limited as main contractor. In addition to building New Guy's House, this firm also restored Guy's House.

The preliminary works which had to be carried out before a start could be made on the structure of the Tower itself are nearing completion and the Board's thanks are due to patients and members of the staff for their forebearance while these were in progress.

Approval has been given to closing a further part of Great Maze Pond to public vehicles and the Hospital gates will now be on St. Thomas' Street itself. A continental type of road barrier a short distance inside the gates will serve as a check point to discourage unauthorised parking. As a public right of way for pedestrians has to be maintained along Great Maze Pond, new gates will be erected at the entrance to the Park in place of the present temporary wooden gates. All the roads that have been dug up during the preliminary works will be resurfaced, pavement and paths relaid and lawns brought back into good condition. Painting the widened underground passage will continue after the rest of the preliminary works is complete because of difficulties the Contractor has had due to weathering while the roof was off and the walls were exposed to the elements. It should, however, be ready for use again by April.

The appointment of the main contractor for the Tower Block follows eight years of planning and negotiation. The first few months of the contract will be taken up with site preparation following the demolition of all remaining buildings. Test piling has already started and digging will commence in April. The foundations should be complete by the end of the year.

You made reference to the model of the completed building and it is hoped to arrange for this to be on show and a series of talks given to explain the development later in the year.

Yours etc.,

A. H. BURFOOT,
Clerk to the Governors.

Counting House,
Guy's Hospital,
London, S.E.1

Once a Guy's Man . . .

SIR,—In reply to Mr. Wright's letter in the *Gazette* of the 20th January—may I crave forgiveness from all Old Guy's men. Of course he is not being pedantic suggesting that it is wrong to use the term "ex-Guy's". This was a lapsus linguae and I am grateful to him for pointing it out.

Yours etc.,

B. A. ROSS.

Hon. Secretary,
Guy's Hospital Cubs' Union.

Dental Anaesthesia

SIR,—In his review of Mr. Kurland's book, Dr. McConnell advises dentists who are considering using intravenous techniques to read the report of the Joint Sub-Committee on Dental Anaesthesia.

What excellent advice. For there the reader will see that 68 per cent of all deaths under dental anaesthesia during the years in question, occurred in hospital. Of the remainder, even had they all occurred at the hands of the operator/anaesthetist—which was by no means the case—the mortality rate would have been .00005 per cent.

There is no excuse for bad anaesthesia, by whom soever administered, but those who press for a ban on the operator/anaesthetist should remember that, at present, the separate anaesthetist may, quite legally, be your gardener!

Until there are enough competent dental anaesthetists available to satisfy all the needs of patients, and until the National Health Service has enough money to pay them with, the safest anaesthetist for the patient is the most competent one available, whoever he may be.

Yours etc.,

P. SYKES.

9 Church Street,
Ampthill,
Beds.

Richard Bright

SIR,—It might interest your readers to learn that a direct descendent of Richard Bright, Miss Pamela Bright, A.R.R.C., worked at Guy's earlier this year as a private nurse.

Miss Pamela Bright is a nursing sister of some distinction, also an author, and has appeared on Television.

Her books include "Life in Our Hands", (one of the few books to tell the experiences of a nursing sister during the war), "The Day's End", and her last book "Poor Man's Riches" which dealt with the Arab refugee problem.

Miss Bright went out to Israel during the Israeli war to nurse the Jews, and she was attached to a burns unit.

Her sister, formerly Miss Joan Bright, although not a nurse, served during the war and among other places went to Yalta, finishing up at the end of the war in Berlin. For her war services she was awarded the O.B.E.

Yours etc.,

F. J. PITTS.

7 De Montfort Road,
Streatham,
S.W.16.

Not "removed"—stolen

SIR,—I exhibited a grey stoneware teapot at the art exhibition held in the Gordon Museum. This was removed by someone during the second week of the exhibition. This pot required considerable time and thought to make. Moreover it matches certain other pieces of pottery. It is of considerable value to me personally.

I should, therefore, be most grateful if, whoever purloined it, would return it to the hall table, Department of Chemical Pathology, 3rd floor Medical School.

I will, willingly, buy a manufactured teapot of a similar size for them.

May I point out that the removal of any objects is likely to jeopardise future exhibitions at Guy's.

Yours etc.,

H. PELS.

Department of Chemical Pathology,
Guy's Hospital Medical School,
London, S.E.1.

Caught Again

SIR,—Not so many years ago there was correspondence in your columns deploring the low literary standard of some of your articles. If a contribution in your current issue is to set a new trend, it is time to chide you again.

"An increase in soberity" . . . "she weighted 9½ stone." One can only contest the properity of the former, and inveigh bitterly against the latter.

In three short paragraphs comprising some 297 words, I found no less than 22 corrections to be necessary—and I am no pedant. One emendation in every 14 words is a lot, but I have no doubt that any properly bloody-minded O-level examiner could have found many more. Particularly infuriating was the reckless and almost hypomanic mis-use of the semi-colon. Dammit Sir, do you not *proof* your copy?

The author has only himself to blame if he plants in his readers' minds the suspicion that such a slapdash manner of reporting may be the reflection of similar untidy methods in his original research.

The thought has just occurred to me that perhaps the whole thing was a gigantic joke, of such recondite subtlety, that the point has escaped me. For the sake of the good name of the *Gazette,* I hope this is true.

Yours etc.,

JOHN R. MILES

11 Royal Crescent,
Cheltenham.

Deplorable

SIR,—It is deplorable that Dr. Clifford Pedley should use the correspondence columns of the Gazette to launch a perverse and insulting attack on the National Health Service, and, by implication, on those who serve in it.

Yours etc.,

M. C. ROSER.

106 Mollison Way,
Edgware,
Middlesex.

NOTICES

Guy's Hospital Society. South Wales and Monmouthshire

The Seventeenth Annual Dinner will be held at the Park Hotel, Cardiff, on Saturday, 23rd March, 1968, at 7 for 7.30 p.m. This is the evening of the Wales and France match at the Cardiff Arms Park. The Chief Guest will be Dr. P. Helliwell, F.F.A., R.C.S., M.B., Ch.B., Medical Superintendent, Guy's Hospital. Tickets, 35s., plus 10s. membership. Apply to Mr. G. Morwent Brown, 4, Plymouth Road, Penarth. All not receiving notices, please forgive and apply.

Guy's Hospital Theatre Club

The Committee extends an invitation to any member of the hospital to produce a play of personal choice in late June this year.

Applications will be gratefully received by the Secretary in the East Wing, not later than April 1st, 1968.

The Music Circle

"Some of the music of Brahms"—by Stephen Edwards, on Tuesday, 5th March, at 8 p.m. in the Music Room, East Wing.

NURSING SECTION

Our Responsible Attitude to Geriatrics

Have you ever considered the fact of growing old? Do you accept the fact that you may eventually have to rely on someone else for your day-to-day needs?

Will you want to be left alone to live out your old age in quiet and solitude? Do you feel that having paid your N.H.S. contributions you are entitled to some degree of Welfare benefit? These questions must at some stage occur to the youngest of us—we always push them to the backs of our minds.

Consider now the organisations that are available to our old folk. There are the State organisations—Welfare Visitors, Social Service Health Visitors, and many other groups of people who are paid under the auspices of the National Health Service. Coupled with the N.H.S. services there are also many other voluntary organisations. Prime of these, outside hospital, are Meals on Wheels, travelling libraries, voluntary home visitors, and many other people who carry out worthwhile tasks in these directions.

Should it be necessary for the average man or woman today to have to look after their aged parents? Are we morally responsible for them?

In certain African states and tribes the old men are still the heads of their tribes. From the time they become the head of their family until the day they die, all decisions are referred to them and their word is law. Obviously this means that there will be more experience and wisdom in this type of situation, but will there be the progression that is necessary in the methods of government which are required universally today.

Compare and contrast the state that exists in America today. It has been said, but with how much truth I do not know, that the United States is on record as being the country which cares least for its old folks. There appears to be a number of institutions which are comparable to our Geriatric Homes but of course there is no free treatment as we know it.

The Norwegian and Swedish people are well advanced in their approach to the Geriatric situation. There are many centres springing up which are built to accommodate the old people and they operate on the principle of allowing the people to have their own flatlets but with Community Centre feeding and recreation. In this way they can maintain their own independence and yet feel the comfort and security of help within reach.

I can see no reason for our own Welfare State not running a system along these self same lines. There are numerous building plots springing up between town and country and with a little bit of thought it would be very simple to run some system which will help to maintain the independence and dignity which is often lost in the community homes. These are at present all we can offer to those old folk with either no relatives at all or, if they have relatives then relatives who just do not care about, or wish to be bothered by their parents.

It is obvious that something must be done in the field of care and attention for our old folk, and that something should be done before we have a repetition of "Sans Everything" in relation to Geriatric Care.

STAFF CHANGES AND APPOINTMENTS

APPOINTMENTS

S/N H. Hillhouse, S.R.N. to Sister on Evelyn Ward.

C/N W. Howell, S.R.N., S.C.M. to Sister on Night Duty Nuffield House

C/N S. Leman, S.R.N. to Sister on Sarah Ward

C/N H. Servati, S.R.N. to Sister on Nuffield House, A. Floor.

Sister F. Sewster, S.R.N. to Night Sister New Guy's House.

CHANGES

Sister J. Dunning from Night Duty to Astley Cooper Ward.

Sister P. McCaffrey from York Clinic to Night Duty New Guy's House.

Sister E. Quealy from Deputy Night Superintendent to Relief Administrative Sister.

Sister J. Sullman from Administrative Sister to Assistant Matron Nuffield House.

Sister V. Taylor from Astley Cooper Ward to Deputy Night Superintendent.

DEPARTURES

Sister L. Calladine from Lydia Ward.

Sister M. Hutchings from Evelyn Ward.

Sister D. Tart from Assistant Matron Nuffield House.

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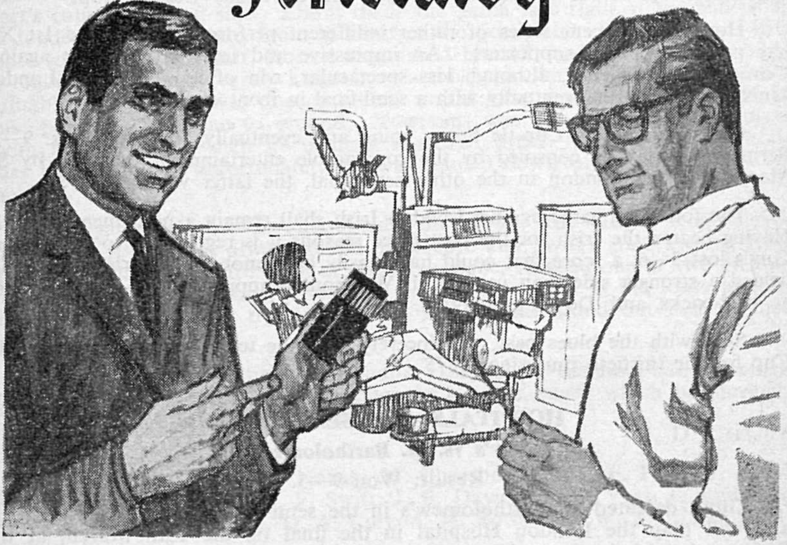

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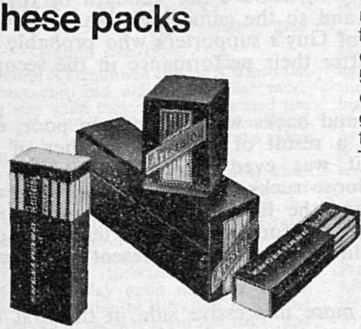

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SPORT

RUGBY

Sport has reached an exotic height at Guy's with four finalists; the 1st XV in the Senior Hospitals' Cup, the 2nd XV in the Juniors Hospitals' Cup and the Hockey 1st XI in the Hospitals' Cup and the University League Cup.

However, a recent series of rather indifferent performances for the 1st XV has perturbed many supporters. An impressive and imaginative game against Coventry and an easy, although less spectacular, win of 25—0 against London University found us eventually with a semi-final in front of us.

Guy's found this Cup-tie heavy going and eventually beat St. Barts. 9—3. Perhaps we may be consoled by the comparable entertainment provided by St. Mary's and the London in the other semi-final, the latter winning 6—3.

The following game against London Irish shall remain a permanent blemish. Having beaten the Irish for the past three seasons it is regrettable to record that Guy's lost 3—6, a score that could have easily been more. The Irish admittedly fielded a stronger side than usual with Waldrom propping, Heslip and Moroney at half-backs and Doyle as captain.

Still, with the blues past, we sincerely wish the team good luck to win the Cup for the thirtieth time since 1875.

HOSPITALS' CUP SEMI-FINAL

Guy's vs. St. Bartholomew's

Result: Won 9—3.

Guy's defeated St. Bartholomew's in the semi-final of the Hospitals' Cup and will play the London Hospital in the final on the 13th March, at the Richmond Athletic Ground.

It was, of course, expected that Guy's would reach the final after the excellent results which have been recorded so far this season. However, on this occasion, the team failed completely to achieve the standard of rugby which we know is within their capability and so the game itself was somewhat of a disappointment to the large crowd of Guy's supporters who probably expected a more decisive win, particularly after their performance in the second round against the Middlesex Hospital.

The handling of the forwards and backs was particularly poor, especially around the base of the scrum, as a result of which a number of potential scoring chances were lost. What was even more disconcerting was our inability to get the ball from the loose rucks, which has been such a notable feature of our game this season and the line-out play was inconclusive and singularly disappointing. Inevitably, therefore, there was a tendency to concentrate more on defence, which again is alien to our present approach to the game.

It was Bart's who looked the more impressive side in the first half, and they set about Guy's with great determination and enthusiasm. However, they did not quite have the speed to turn some promising movements into scoring ones and in any case the Guy's defence always looked sound. Our forwards, despite playing second fiddle in the line-outs and rucks, did control and take the ball through better at their feet than their opponents, and it was from one such manoeuvre that Guy's scored the only try of the afternoon. Thorburn put in some clever footwork after a beautiful grub kick through by Rowlands and this enabled Cheesborough to pick up well and dive over near the corner. Elliott failed with a difficult conversion. Bart's fought back strongly and were rewarded when Cassidy, their fly-half, levelled the scoring with a fine kick from 35 yards, having missed a much easier one early on in the half.

As half-time approached, Guy's produced one very dangerous three-quarter movement which ended with Ross being tackled desperately by his opposite number not far from the Bart's line.

Guy's improved to some extent in the second half but the forwards still failed to gain good possession as a result of which Swift was forced to use the touch-line and our backs consequently saw comparatively little of the ball. Play seemed evenly poised and the possibility of a draw loomed ahead until Elliott landed a particularly good penalty from 30 yards, when McIntyre, the Bart's captain, got off-side. Elliott made the game safe right at the end when he landed another penalty from in front of the posts when Bart's handled in a loose scrum. In this half, Ross distinguished himself in defence by his ability to collect some short grub kicks by Cassidy, the Bart's fly-half, and make valuable counter attacks, one of which would have resulted in a try if the final pass had not gone to ground. Rowlands was also very unlucky not to score near the end when he made a beautiful break from a long, accurate pass by Swift, but unfortunately he was hauled down only a few feet from the line.

In a game which was undoubtedly an off-day for Guy's, Ross played excellently, Elliott was always sound in defence and Swift's good kicking from the base of the scrum, although at times overdone, relieved one or two anxious moments. In the forwards, Thorburn worked very hard in the loose and, of course, set up the only try, and Davies and Neville stood out best in their general play.

Our chances of beating the London Hospital in the final are extremely good provided, of course, that we play the kind of rugby which has brought Guy's very much into the news this season.

J. D. CARROLL.

Team: D. R. Elliott; J. Novak, M. Cheesborough, J. F. Price, J. R. M. Ross; B. J. Rowlands, P. G. F. Swift; J. E. Davies, G. C. Voss, J. Stoneham, P. K. Peace, C. G. Neville, D. A. Curzon, M. Forbes, C. W. Thorburn (capt.)

JUNIOR HOSPITALS' CUP—SEMI-FINAL

GUY'S v. ST. THOMAS'

At H.O.P. 21st February, 1968

Result: won 18—3

Guy's second XV followed the 1st XV into the final of their cup and did so in a far more convincing way than their seniors managed the previous week. Playing with great cohesion and spirit, the Guy's side commanded the game with an all-round team effort.

From the start the forwards took control, and, with Cockburn winning the line-out almost at will, the half backs were continually given the ball. It took a little time for Croft and Merrett to settle down, however, but when they did, they pushed their forwards steadily up field with good kicking. It was not long before Guy's opened up play upon reaching the St. Thomas' 25. A change of direction at a loose maul saw Davies in the line from full back, and his chip kick to the corner flag was welcomed by Shutes, who outpaced the cover to gain the touch down, putting Guy's 3 points in the lead.

In spite of this early lead, Guy's still played controlled football, keeping the ball tight until reaching an attacking position. In attack many moves were used. The move with Challacombe and Cockburn peeling round the backs of the line-out looked dangerous, but failed because the St. Thomas' defense was able to take advantage of the upright position of the Guy's forwards and tackle round the neck. Had these forwards taken the example of their scrum-half they would have scored. Croft, it was who burrowed his way through the St. Thomas' wing forwards to score after a heel against the head, at a scrum on the St. Thomas' line. Davies converted.

The half-time score was 8—3, the St. Thomas' full-back having kicked an easy penalty. This was, however, his only moment of glory as he crumbled in the second half. Guy's, with the wind at their backs, put up a stream of high kicks and the full back was continually hounded, by the hard running Guy's wings and by Fallowfield, who was always up with the play. This led to Guy's being firmly in control territorially and it was not long before Barton ran strongly for an outside side break, handed off his opposite number, drew the defence and brought Lewis in for a try, with a well-timed pass. Davies converted from far out.

The final score was again by Croft, who crowned a fine display with another try. Seeing his standoff well covered from a loose scrum, he broke by himself and forced his way through to dive over the line, Davies again converted.

Davies, who captained the side from full-back, can be well pleased with his team's efforts. E. Neville, leading the pack, drove his forwards well until the end and they played with great spirit and aggression. The backs ran strongly in attack and tackled, and covered well in defence. This added up to a very pleasing and enjoyable game of good football.

Team: W. W. Davies; J. Shutes, D. Lewis, J. Barton, B. Armstrong; D. Merrett, C. Croft; E. Neville, C. Howell, J. Logan; S. Challacombe, R. Bart; L. Turner, J. M. Cockburn, A. Fallowfield.

C.G.N.

HOCKEY

UNIVERSITY OF LONDON CUP—SEMI-FINAL v. COLLEGE OF ESTATE MANAGEMENT

Result: Won 1—0.

Having already gained a place in the final of the Hospitals Cup, Guy's went out to play C.E.M. at H.O.P. on 14th February, in the hope of making the U.L.U. Cup final as well.

Heavy rain for the previous 24 hours had made the pitch very soggy, but considering that three games had been played on it in five days, it played remarkably well.

In the first few minutes, the pattern which the game was going to take became apparent—that of breakaway attacks, and excellent defence. Guy's had three early shots at goal, and were unlucky not to score; Kendrick just missed from a short corner, and Cripps and Godfrey both shot just wide very shortly afterwards.

C.E.M. looked very good on occasions, particularly when their forwards broke away, but the Guy's defence, all of whom are playing so well at the moment, managed to clear the ball without Clark being at all troubled.

At half-time, the score remained 0—0. Shortly after the interval, following a tangle at the top of the C.E.M. circle, Pearson came up quickly and "wobbled" the ball past the goal-keeper for what was to be the only goal of the match.

C.E.M. then came back very strongly, and it was only because of the excellent Guy's defence that a draw wasn't obtained.

Clark, when called upon, did some splendid kicks, and his general positional play was excellent. Both backs played soundly, and Pearson, at centre-half, was everywhere. The forwards seemed to lack cohesion on occasion, but all played well, including Dodd, in his new "niche" on the left wing.

A very good win for Guy's, in a game which could easily have gone either way. One must wish Cripps and his team all the best for both finals—a win in both could result in something of a celebration !

M. A. Knight.

Team: R. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. Pearson, R. Kendrick, A. Goodfrey, S. Cripps, M. Appleby, N. Turfitt, N. Dodd.

BOAT CLUB

The Boat Club has not claimed any outstanding victories so far this season, our almost traditional bad luck having played an unsurpassed part. However, we are anticipating some good results in the Head of the River Races this term, and a full summer's rowing next term, culminating at Henley Royal Regatta.

Last term commenced with a new entry of Guy's in the Head of the River Fours Race, the almost scratch crews gave a creditable performance considering their unfitness. Training began in earnest with two trial eights and several novice fours. C. Woodhouse and P. Telling gave regular and much-appreciated coaching from the launch. It was not long, however, before high drama struck one of the trial eights when she sank with all hands, after being driven onto some moored barges by an inconsiderate little man with a very big boat. The crew managed to swim to safety onto one of the barges, meanwhile the damaged boat disappeared only to resurface ten minutes later, severely damaged.

At the United Hospitals' Regatta, wins included the Junior Fours Cup, won for the third year running, and the Double Sculls with P. Gooder from Guy's and a University College oarsman. The second eight and novices did well in their divisions.

Misfortune struck the first eight at the University of London Winter Eights when, in the first round, we had a very close race against Bart's, in the final 200 yds. Guy's were half a length up when stroke caught an untimely crab, and although he made a brilliant recovery we lost the race by a quarter of a length. Bart's went on to the final to be beaten by Imperial College. The 2nd eight went down in the second round, bravely rowing with only six men. A polished but adipose Gentlemen's crew were beaten in the first round.

This term the first crew have been rowing in two coxless fours, which has been excellent training in oarsmanship. We did have an occasional outing in our one remaining shell eight until it was duly traumatized by a passing yachtswoman.

Another new entry for Guy's was the London Rowing Club Colleges' Regatta, where the 1st eight had a good row, beating Lady Margaret off the start by half a length but lost the stream, and Lady Margaret gradually pulled away to win by one length. The second eight, who have been training hard this term, unfortunately only had a scratch crew and were beaten in the first round.

The University of London have a very high standard this year, and Guy's have three oarsmen rowing with them, and also a cox in their first eight; the latter should be one of the fastest crews in the country.

DIARY

RUGBY.

Mar. 2.—Old Alleynians, Dulwich.
,, 9.—Nuneaton, Nuneaton.
,, 16.—Gloucester, H.O.P.

U.H. RUGBY CUP FINAL: GUY'S v. THE LONDON, ON MARCH 13th, AT RICHMOND, 2.30 p.m.

HOCKEY.

Mar. 2.—Sevenoaks, H.
,, 9.—Tonbridge, A.
,, 16.—Tunbridge Wells, H.

U.H. HOCKEY CUP FINAL: GUY'S v. ST. THOMAS', AT COBHAM—REVISED DATE, MARCH 6th

U.L. CUP FINAL: GUY'S v. UNIVERSITY COLLEGE, MARCH 13th, AT MOTSPUR PARK

SOCCER.

†Mar. 2.—Q.M.C., A.
† ,, 6.—Woolwich, A.

MAR. 9: U.L. CUP FINAL
MAR. 16: U.H. CUP FINAL

†Denotes University League Fixture.

BOAT CLUB.

Feb. 28.—University of London Head.
Mar. 9.—Kingston Head.
,, 16.—Reading Head.
,, 23.—Tideway Head.

HOCKEY

GUY'S v. WESTMINSTER BANK

Home Saturday, 10th February

Result: won 1—0

Despite the fact that Guy's managed to record a victory in this game, it was once again not with very good hockey. The recent trend, that has in fact troubled the Hospital all season, of excellent defensive play and poor forward play, continued in this match.

In the first half Guy's looked in control and at the beginning were moving the ball well; indeed, it was from a good move that Chase scored the only goal. The forwards then seemed to lose all thrust and whenever they had the ball managed to pass it in the wrong direction. They lacked speed and basic sense when moving the ball about especially when getting near the circle.

In the second half the game degenerated, and Westminster had the ball in our half for quite a long time—fortunately they didn't really look like scoring: mainly due to the efforts of our defence.

Clark had another good game in goal and Goodhart continues to improve at right half. Gillam deputised very ably at full back for Vellacott.

Team: R. Clark; A. Gillam, D. Crafts; R. Goodhart, C. Pearson, R. Kendrick; T. Godfrey, N. Turfitt, R. Chase, S. Cripps, A. Winskill.

S. N. Cripps

GUY'S v. QUEENS CAMBRIDGE

Saturday, 17th February
Result: won 2—1

Played on the morning of the varsity match, this match worthies no comment. Suffice it to say that we won.

Team: R. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. Pearson, R. Kendrick, A. Godfrey, N. Turfitt, R. Chase, S. Cripps, N. Dodd.

The Hospitals Cup Final against St. Thomas' has been re-arranged for Wednesday, 6th March, at the Westminster ground at Cobham and not on the 28th February as previously advertised.

The University of London Cup Final will be at Motspur Park on Wednesday, 13th March, against University College.

S. N. Cripps

WATER POLO

GUY'S v. Q.M.C

Result: won 4—0

In this match against Q.M.C. II team Guy's were expected to be decisive winners, However, although the Hospital won, the victory could not be described as being dynamic. The team began the first quarter strongly, a well taken pass by Challacombe putting the Hospital into an early lead. Several shots at goal were fruitless and it was a somewhat second grade team that began the second quarter with only a small lead on their opponents.

Chances were missed and passes were inaccurate; the team appeared hard-pressed to put the ball in Q.M.C's net again until a sudden break by Northcott resulted in a 2—0 lead. Over-confidence of an easy victory left the Hospitals' defence too apathetic and only the well-timed saves by our goalkeeper prevented Q.M.C. from scoring.

Short spells of clever attacking by the Hospital fizzled out with inadequate shots at goal and it was left to Challacombe once more to score in the third quarter.

A goal was disallowed in the final quarter leaving the final score as a debatable 4—0 win. This indicates that if the team hopes to be top of the division at the end of the season then a more integrated effort must be made by all.

Team: S. Challacombe, G. Northcott, P. Ashford, M. Adkins, K. Howard, D. Davidson, J. Wood, D. Foulds.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of **Registrar in the Dental Casualty and Oral Surgery Department** with attendance on six sessions per week and duties to commence as soon as possible until 30th September 1968. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1., not later than **Friday, 15th March 1968.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer (full-time) in the Oral Surgery and Casualty Department.** Salary in the scale £1,745 x £135 to £2,150 x £125 to £2,650 x £115 to £2,765 x £55 to £2,820, with superannuation. Appointment to date from 24th April 1968 or as soon thereafter as possible. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1. not later than **Monday, 18th March, 1968.**

PASS LIST

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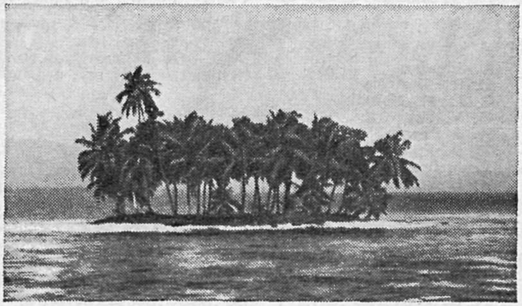

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If you'd like more information, write to the address below, giving details of your age and qualifications. A personal interview can be arranged if you wish.

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Royal Navy

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Interim Finals—February 1968

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CHANGES OF ADDRESS

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Mrs. M. P. Roberts, B.D.S., Badgers Hill, Speen, Aylesbury, Bucks.

BIRTHS

KNOWLES—On 15th January, at the Leeds Maternity Hospital to Joy, (née Herbert, S.R.N., S.C.M.) and James Knowles, a son, Charles Henry.

BLAKE—On February 8th, to Katharine (née Cuthbert) and Henry, a daughter, Harriet.

MARRIAGES

LORENZ—HARPER—On Saturday, 24th February, at St. Mary's Hampton, Miss Bernice Harper, S.R.N., (Guy's 1964—1968) to Mr. Lorenz.

HOWARD—ROSEVEARE—On Saturday, 24th February, 1968, at the Church of St. Martin of Tours in Chelsfield, the wedding took place between Mr. Timothy Howard and Miss Katherine Roseveare.

DEATH

VANCE—On 11th February, 1968, in hospital, William John Vance, M.R.C.S., L.R.C.P., aged 76, of 67, Shirley Road, Addiscombe, Surrey.

PAPERS BY GUY'S MEN

Alexander, Suzanne, and Forman, L. *Dermatomyositis and carcinoma*.. A case report and immunological investigation. *Brit. J. Derm.* 1968, **80**, 86.

Blockley, C. H. Fracture of the dentine. *Brit. dent. J.* 1968, **124**, 182.

Bowyer, A. Eruptive xanthoma. *Proc. R. Soc. Med.* 1967, **60**, 1127.

Bridge, A. J., Primary hyperparathyroidism presenting as a dental problem. *Brit. dent. J.* 1968, **124**, 172.

Campbell, M. Natural history of persistant ductus arteriosus. *Brit. Heart J.*, 1968, **30**, 4.

Cremin, B. J. Neonatal pre-pyloric membrane. *South Afr. med. J.*, 1967, **41**, 1076.

Elias, E., Gibson, G. J., Greenwood, Linda F., Hunt, J. N., and Tripp, J. H. The slowing of gastric emptying by monosaccharides and disaccharides in test meals. *J. Physiol.*, 1968, **194**, 317.

Hunt, J. N. and Knox, M. T. A relation between the chain length of fatty acids and the slowing of gastric emptying. *J. Physiol.* 1968, **194**, 327.

Hunt, J. N. and Ramsbottom, N. The effect of gastrin II on gastric emptying and secretion during a test meal. *Brit. med. J.*, 1967, **4**, 386.

All your fees paid, plus £730 a year and allowances, while a Medical student.

As a Medical Cadet in the Royal Army Medical Corps, all your tuition fees are paid by the Army. In addition, you are paid £730 a year, and are eligible for allowances.

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If accepted as a Medical Cadet, you are given the probationary rank of 2nd Lieutenant. On qualification, you are promoted Lieutenant, and are paid as such while you fulfil your pre-registration appointment—either at a civilian hospital of your own choice, at the Queen Alexandra Military Hospital, Millbank, or the Cambridge Military Hospital, Aldershot. After being fully registered, you are promoted Captain, and take up your duties in the RAMC.

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For further information about Medical Cadetships, or to arrange a meeting with an RAMC Officer to answer any questions you may have write to: Colonel E. L. O. Hood, MB, Ministry of Defence (AMD2), Dept. 101, Lansdowne House, Berkeley Square, London, W.1.

Liddell, J., Blood groups and enzymes of human red cells after five years' storage in liquid nitrogen. *Brit. med. J.*, 1967, **4**, 458.

Liddell, J. Cholinesterase variants and suxamethonium apnoea. *Proc. R. Soc. Med.* 1968, **61**, 168.

Ross, D., and others. Haemodynamic effects of isopropylnoradrenaline sulphate (Isoprenaline) following aortic valve homograft replacement. *Brit. Heart J.*, 1968, **30**, 38.

Smithells, R. W. Incidence of congenital abnormalities in Liverpool, 1960-64. *Brit. J. prev. Soc. Med.* 1968, **22**, 36.

Wheatley, D. Incidence and treatment of infantile gastro-enteritis in general practice. *Arch. Dis. Child.* 1968, **227**, 53.

Wheatley, D. Influence of doctors' and patients' attitudes in the treatment of neurotic illness. *Brit. med. J.*, 1967, **4**, 1133.

McGill, I. G., The development of the tetracyclines. *Gazz. Sanit.*, 1967, **16**, 72.

We would like to remind our readers that all copy for inclusion in the Gazette must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT J. G. PAYNE
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2078

The opinions expressed in these columns are soley those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

A Student's Right

Students wear sandals and grow beards. They argue about religion, politics and sex, and nothing they say has not been said before. Most students are vociferous, and often as irritating as a speck of dust in the public eye when they stand up as a body to protest. One is more likely to feel angry, righteous and bound to protest when one is fraught with new ideas than when one is older, a little cynical, with position, property and dependants.

Students tend to express the social conscience of the country and should be respected for their untarnished belief in their own voice. To many this unqualified belief in the righteousness of their protestations and demands appears arrogant. But this arrogance is born from the frustration of their inability to remedy the ills or control the events that involve both themselves and those around them.

The taxpayer's response to the recent student demonstrations smacks of the very authoritarianism that the young resent. Nevertheless, it is not difficult to understand the controlled annoyance of that response. For there is always the underlying fear of the established that change will upset the status quo. It is the settled society that is here held sacrosanct.

This social consciousness is quite distinguishable from the irresponsible actions of a misguided minority which attempts to exploit it.

This country is justly proud of its institutions of higher education whose tradition has been the development of independent thought and speech; and it is to the credit of these institutions that students are eloquently involved in issues of national and international import.

The attempted imposition of the public's attitude upon student reactions would endanger the very tradition this country so rightly holds dear.

It would be a sad day in the history of this country's educational development if materialism and the forces of vested interests dictated the values of a proper student and what he should think. The Minister of Education, according to the statements he has recently made of the seriousness with which he views the recent outbursts, is acting in the same peurile vein as the actions he condemns.

The majority of students devote themselves diligently and exclusively to their studies but what should be made clear is that those who choose to mix studying with politics should have every right to do so.

Dental Delight

The day only really began at 7.30 at the Park Lane Hotel with cocktails and aperitifs. The Dental Society having organized with the Dental School a most successful meeting, which left most many the wiser, now soothed the weary with food and drink fit for kings. Moving through the pleasing experience of Le Saumon Fumé au Citron to Le Caneton d'Aylesbury Bigarrade the guests lolled back in their well-padded seats with a most pleasant rouge to stimulate the palate. The finale was La Tassette de Moka of most exceptional delicacy and the aroma of fine Havana cigars soon wafted across the room in truly magnificent opulence.

But with all this gastronomique finery most were more delighted with the delectable Kent apples which have now established themselves as the apogee of the masticatory exercise. These apples are given *gratis* every year by a munificent Kent farmer who some ten years ago was convinced of the service he would do to British teeth if he could only prove to the dental profession the true value of the apple. Now in traditional Guy's ritual these apples appear every year to help control the carious deposits that have developed in the preceding 365 days.

But these diversions of the main event of the day, the Annual Clinical Meeting which is recorded on page 132, only highlighted what was a most rewarding experience.

Soon Finished - How Soon Forgot ?

Pause, dear reader, and spare a thought for that body of lean and haggard men and women which can be seen each year at this time pacing the park muttering the connections of the Thalamus, or sitting in the Library fighting off fatigue and peering through misty spectacles at a well thumbed copy of the briefest summary of Anatomy that they dare trust. The Annual Hurdle, the Beecher's Brook of the Medical Course, is before them, 2nd M.B. For eighteen months they have been preparing for, or turning their backs on this day—though even the wise and well-prepared seem as drawn and pale as their more libertine colleagues. The worry and the sweated labour will soon be behind them. Take heart you labourers in the Biology and Physiology Labs., the road to Down Bros. is long and hard, but you will surely soon be there selecting your Lipmans—or, in this year of all years, ye Old English Stethoscope. Invigorate your mind with thoughts of the "Real Thing" just round the corner, extend your back to overcome the discomforts of three hours perched on a stool, and dream of the well-padded chairs of Queen's Square. And then, when it is over, you can relax in your three-piece suite and join the universal, though rather sad chorus, "Well, I suppose that I knew that once."

GUY'S DIARY

We congratulate Dr. J. Antony Martin on his appointment as Director of the Nuffield Speech and Hearing Centre, Royal National Throat, Nose and Ear Hospital. Mr. Martin was for nine years E.N.T. Specialist to the Government of Uganda, before obtaining his new appointment.

MARCH

18th	M.	1.00	Clinical Lecture. Dr. FLEMINGER. "Psychiatry and General Practice."
		5.00	Psychological Society. Dr. S. A. BARNETT (Department of Zoology, University of Glasgow.) "Co-operation and Conflict." Physiology Theatre.
19th	Tu.	1.00	Clinical Lecture. Dr. Mann. "The Coeliac Syndrome."
21st	Th.	1.00	Clinical Lecture. Mr. WASS. "Malignant Disease of the Mouth."
22nd	F.	1.00	Clinical Lecture. Prof. TROUNCE. "Gram Negative Septicaemias."
23rd	S.	10.00	Clinico-Pathological Conference. Clinical Theatre.
26th	Tu.	1.00	Clinical Lecture. Mr. BLACKBURN. "Nodular Goitre."
28th	Th.	1.00	Clinical Lecture. Mr. ROSS. "Cardiac Surgery Today."
		5.00	Neurosurgical Round. Mr. MURRAY FALCONER. Clinical Theatre.
29th	F.	1.00	Clinical Lecture. Department of Medicine.

GUY'S HOSPITAL DENTAL SOCIETY

Annual Clinical Meeting

Saturday, March 2nd 1968

The forecast for Saturday, 2nd March, 1968, was cloudy and cold but dry, and so the weather proved to be. Approximately three hundred former Guy's students returned for the Annual Clinical Meeting. They noticed that the College had been finally pulled down, the site cleared and that there were reinforcing rods protruding from the top of the test piles for the new Tower Block. Unfortunately, the giant engine reamer which had been there only a few days previously, was missing.

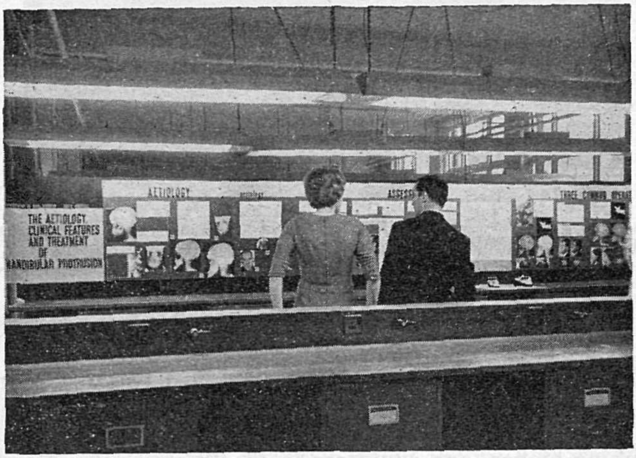
The morning session started with demonstrations in the Dental Department, and operations, on patients under general anaesthesia, by the visiting Dental Surgeons. The operations varied from bridgework to the correction of mandibular deformity and included the extraction of third and fourth molars, cyst enucleation and the closure of an oro-antral fistula. They were most interesting and well attended. Those wanting to watch the operations in Main Theatres were delighted to find they could use the observation domes.

Outside the front door of the Dental Department was parked the Mobile Surgery to be used by members of the Children's Department for the treatment of physically and mentally handicapped children. The interior is comprehensively equipped and was well worth a visit. Inside the Dental Department on the ground floor was a very useful demonstration on the value and limitation of X-rays. Further round in the Casualty Department was an excellent and exhaustive demonstration on the treatment of post extraction haemorrhage, including models to show exactly how a bleeding socket should be sutured.

Further progression took one's steps into the Preventive Dentistry Department with a fine demonstration on the pros. and cons. of different surgical procedures for treating periodontal disease. Here also was a demonstration showing how useful a hygienist can be in the prevention of dental disease and tucked away in a corner were two most interesting exhibits from the Department of Oral Medicine and Pathology, one correlating dental plaque and caries, and the other on antigen cross-reactivity between the oral mucosa, bacteria and tissues.

Reducing Prognathism

Having climbed the stairs to the temporary cloakroom in the Prosthetics Laboratory, one found other eye-catching demonstrations in the same room. The chewing capabilities of denture wearers with different dentures and those with a natural dentition were contrasted, and factors influencing the retention of dentures charted. Next to these was a beautiful presentation by the Department of Oral Surgery on mandibular deformity and opposite this a fascinating demonstration showing how part of the root of a tooth can be used to stabilise an acrylic lens in eyes where the cornea has been otherwise irreparably damaged.

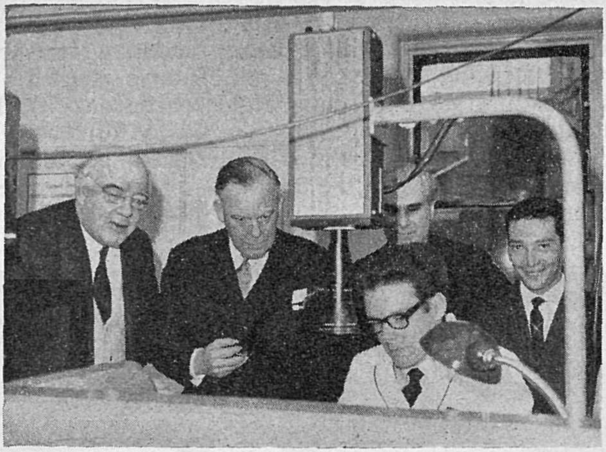

AETIOLOGY
THE AETIOLOGY, CLINICAL FEATURES AND TREATMENT OF MANDIBULAR PROTRUSION
THREE CORNER

Aetiology, Clinical Features and Treatment of Mandibular Protrusion—Exhibition.

Closed Circuit TV

Further stair climbing, and one was in the Conservation Department. The results of the serial re-equipment policy in the form of the new Air Hostess units aroused great interest. Here also the deliberate trend towards fewer demonstrations was shown by two large expositions, one on anterior crowns and the other on aspects of gold inlays, by most of the departmental staff, both on patients and in table demonstrations. The latest method of mixing filling materials mechanically was shown and also, an innovation in the Conservation Room, a closed circuit television demonstration including a teaching desk. On the south side of the Conservation Room, the Dean of Dental Studies was to be found discussing a superb collection of his slides, cases and case histories, these included such rarities as intraepithelial carcinoma and multiple haemangiomata. Here also were some lovely photo-micrographs of *in vitro* and *in vivo* preparations of proliferating cells of the epithelial debris of Malassez by the members of the staff of the Unit of Anatomy in relation to Dentistry.

A trip along to the Children's Department revealed the problems associated with treating handicapped children and common faults in designing removable appliances. Various films, made in the Department, were also shown and rare and interesting cases reported and



Back Row left to right—Mr. Dudley (Chief Technician, Dental Anatomy); Mr. Warner (Dean of Dental Studies); Prof. Warwick; Mr. Sergio Vega Cervantes (Head of Dental T.V. Unit, University of Mexico City). *Seated*—Mr. Glynn (Dental Registrar).

Wax Additive Technique demonstrated with Closed Circuit Television.

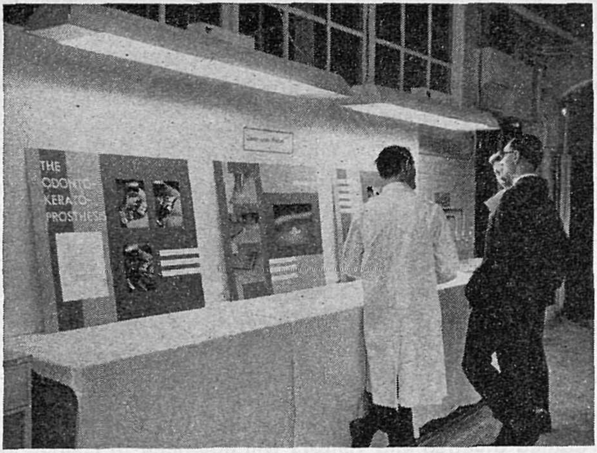
discussed. On the same floor in Clinical Room 1 two operations were expertly carried out under local anaesthesia. One, removal of a maxillary cyst, the other, a retrograde root filling.

Climbing higher, one could see in the Photographic Department the beautiful colours the diazo method produces and how to obtain them. Next door in the Research Laboratory the inner secrets of the artificial mouth were revealed and another interesting demonstration showed how much force the bending bristles of a moving toothbrush exert.

Up higher still, to "Pre-clinical II", one found a down-to-earth demonstration on the relative value of 8 and 16 mm. sizes of films for teaching the techniques of making gold inlays. It was most interesting to compare the relative definition with films of each size being shown simultaneously. The staff were again most grateful to those who kindly brought extracted teeth for use in the Pre-clinical Department and here also in "Pre-clinical II" were displayed the innumerable unwanted sets of dentures which arrived in response to a misinterpreted newspaper article.

The Morning Lecture was given by Professor Pickard and was well attended. He gave a most interesting assessment of the indications for removable and fixed prostheses. One of the points made by Professor Pickard was the need to replace lost labial gingival contour following extraction of upper anterior teeth. In this connection he showed one case with a curved bar for the retention of a removable prosthesis. The structure of the bar had been developed from rocketry.

Lunch-time followed and was marked by an exodus from the Dental Department and Anatomy Theatre to the usual Clinical Day



Mr. Don Gibb (Dental Registrar)
Odonto-kerato Prosthesis—Exhibition.

lunch-time haunts, in and around the Hospital. After lunch Professor Cawson entertained us with "Cases you have sent". At the back of the lecture theatre the crush was such, that the only difference from the well known aquarian simile was that we were all the same way up. Professor Cawson concentrated mainly on conditions affecting the gingivae and included lichen planus and mucous membrane pemphigus. He also showed a rare case of Vincents' ulceration under a denture. His excellent presentation and lively wit were much appreciated by his audience.

The demonstrations (without patients) continued during the afternoon. Two programmes on the closed circuit television were very well presented, although the volume of sound was slightly inadequate. The wax added technique and cavity preparation for a Class II inlay were shown.

The Curator of the Dental Section of the Gordon Museum was present throughout the day amassing further interesting material for exhibition.

Everyone, of course, knows and appreciates the efforts of the "backroom boys and girls", including those in the Medical Illustration Department, the Photographic Department and the administrative, secretarial and nursing staff, whose work contributes so largely to the success of Clinical Day.

At a quarter past four, there was standing room only in the cafeteria in the East Wing, where everyone went for tea. General impressions were that it had been a very enjoyable day, slightly less crowded than usual, but that the demonstrations were well up to standard and people left with the pleasant thought that an important part of the day's proceedings was yet to come.

J.E.C.

PROGRAMME

ANATOMY LECTURE THEATRE, MEDICAL SCHOOL

11.45 a.m.	Lecture: Removable and Fixed Prostheses	Prof. H. M. Pickard

*THEATRE No. 5 (FIRST FLOOR, NEW GUY'S HOUSE)

10.00 a.m.	A Dental Operation	Mr. J. W. Mansie
	Anaesthetist:	Dr. D. M. Carnegie
11.00 a.m.	Enucleation of Cyst	Mr. P. M. O'Driscoll
	Anaesthetist:	Dr. D. M. Carnegie

*THEATRE No. 7 (FIRST FLOOR, NEW GUY'S HOUSE)

10.00 a.m.	A Dental Operation	Mr. D. M. Macdonald
	Anaesthetist:	Dr. R. J. Vale
11.00 a.m.	Closure of Oro-antral Fistula ...	Mr. R. C. Bret Day
	Anaesthetist:	Dr. R. J. Vale

*These are domed theatres and visitors will not need to change into theatre attire unless they enter either theatre.

GENERAL ANAESTHETIC EXTRACTION ROOM (FIRST FLOOR, OUT-PATIENT DEPARTMENT)

10.00 a.m.	Bridge Abutments under Intravenous Anaesthesia	Mr. A. R. F. Thompson
	Anaesthetist:	Dr. W. S. McConnell

DENTAL LECTURE THEATRE

2.30 p.m.	Lecture: Patients you have sent ...	Prof. R. A. Cawson

DENTAL DEPARTMENT

GROUND FLOOR

X-RAY DEPARTMENT

The Value and Limitations of Radiography...	Dr. F. L. Ingram, Miss V. J. Beaton and Mr. P. D. Davies

DEPARTMENT OF PREVENTIVE DENTISTRY

Surgical Procedures in the Treatment of Periodontal Diseases ...	Prof. R. D. Emslie, Mr. J. O. Forrest, Mr. D. G. Stone, Mr. C. H. Forsyth and Mr. A. B. Hewitt
The Role of the Dental Hygienist in the Prevention of Dental Diseases	Miss R. Howard and Miss B. Branch

Dental Clinical Research Laboratory
(3rd floor, Old Pathology Building)

The Artificial Mouth	*Dr. M. N. Naylor,* Mrs. M. Melville, Mr. F. P. Ashley and Mr. R. F. Wilson (Technician)
A Study of the Dynamic Stiffness of Toothbrushes	Mr. D. W. Macfarlane

CASUALTY DEPARTMENT

Exhibit:	The Control of Post Extraction Haemorrhage	Mr. G. C. D. Ross

FIRST FLOOR

DEPARTMENT OF DENTAL PROSTHETICS

Masticatory Performance and Denture Retention: Factors Influencing Complete Denture Retention The Measurement of Masticatory Performance in Denture Wearers The Efficacy of Denture Fixatives	Mr. D. J. Neill, Mr. M. J. Faigenblum, Mrs. H. I. B. Phillips and other members of the staff of the Department

DEPARTMENT OF ORAL SURGERY

Exhibits: (In Prosthetics Laboratory)

The Aetiology, Clinical Features and Treatment of Mandibular Protrusion ...	Mr. P. M. O'Driscoll and Mr. C. E. M. Lamb
Odonto-kerato Prosthesis	Mr. D. H. Gibb

DEPARTMENT OF ORAL MEDICINE AND PATHOLOGY

Dental Plaque in relation to Caries	Dr. T. H. Grenby
Antigen Cross-reactivity between Oral Mucosa, Bacteria and Tissues	Dr. T. Lehner and Mr. J. M. A. Wilton

SECOND FLOOR

CLINICAL ROOM I

Demonstration of Minor Oral Surgery ...	*Mr. C. I. Hagger and* Mrs. A. Robinson

DEPARTMENT OF CONSERVATIVE DENTAL SURGERY

Conservation Room

Clinical Cases	Mr. F. S. Warner
ANTERIOR CROWNS	
Root Canal Treatment for Post Crowns ...	Mr. A. H. R. Rowe (in his room)
Porcelain Crowns	Mr. W. A. Vale (in his room)
Technical work for Crowns	Mr. P. G. Bentley (Technician) (in Mr. Vale's laboratory)
Temporary Crowns and Bridges	Mr. P. Ayling and Mrs. S. Roberts
Bridge Preparations	Mr. G. G. Ashby
Completed Post and Jacket Crowns ...	Mr. A. Tullis
Post Crowns	Mr. A. H. R. Rowe, Mr. R. C. Paterson and Mr. R. D. Johnson
GOLD INLAYS	
Indications for the use of Gold	Mr. J. E. Cardwell and Mr. M. R. Setchell
Inlay Work on Patients by Staff and Students	Mr. R. A. W. Wakeley, Mr. N. A. Siggers, Mrs. M. K. Stephens and Mrs. P. F. Paul
Laboratory Work for Crowns and Inlays ...	Mr. R. J. Sharp, Mr. A. A. Plummer and Mr. D. Gordon (Technicians)
Use of Amalgam Cores	Mr. D. London and Mr. D. F. Howard
Direct Wax Patterns	Mr. J. D. Haworth
Copper Ring Impressions	Mr. A. A. Robinson
Rubber Base Materials and Control of the Gingival Margin	Mr. I. A. Nelson and
Types of Syringes and Trays for Rubber Base Impressions	Mr. A. Winskill

Recording Occlusion and Waxing Techniques	Mr. B. D. Glynn
Technical Aids for Gold Inlays	Mr. D. E. Bailey (Technician)
Pins for Amalgam Cores	Mr. R. B. Johns
Restoring Occlusal Function	Mr. G. G. Ashby and Mr. B. D. Glynn
Laboratory Work for Crowns and Inlays ...	Mr. R. J. Sharp, Mr. A. A. Plummer and Mr. D. Gordon (Technicians)
Pre-proportioned Filling Materials	Mr. I. A. *Stuart and* Mr. R. A. Ellis
The in vivo and in vitro Proliferation of Epithelial Cell Rests and their Role in Cyst Formation	Members of the staff of the Unit of Anatomy in relation to Dentistry

Pre-Clinical Classroom I
(2nd floor, Old Pathology Building)

Teaching Films on Gold Inlays	Mr. A. D. Robinson (in Demonstration Room)
Exhibition of Students' Work	

TELEVISION DEMONSTRATION (with the co-operation of the Department of Anatomy):

(*a*) Wax additive technique	Mr. B. D. Glynn
(*b*) Cavity Preparation	Mr. D. London and
Exhibition of Students' Work	Mr. R. A. W. Wakeley

CHILDREN'S DEPARTMENT

Some Interesting Cases and Discussion of Problems referred by Practitioners	Mr. K. E. Pringle
Common Faults in Removable Appliance Design	Mr. H. Richards, Mr. J. Metcalf and Mr. S. I. M. Robinson assisted by the technicians to the Department
The Dental Care of Physically and Mentally *Handicapped Children. (This demonstration will be partly in the Department and partly in the special mobile unit, which will be parked outside the Dental School)*	Prof. W. J. Tulley and *Mrs. E. C. Jaffe*
New Films *made in the Department will be* shown at intervals throughout the day ...	Mr. S. P. Johns
Some Interesting Cases and Discussion of Problems referred by Practitioners ...	Mr. A. C. Campbell
Common Faults in Removable Appliance Design	Mr. T. P. Bass and Mr. C. D. Stephens assisted by the technicians to the Department

DENTAL PHOTOGRAPHIC DEPARTMENT

(3rd floor, Old Pathology Building)

Coloured *Slides* from *Line Originals* by the Diazo Method	*Mr. W. J. Hurt and* Miss M. M. Harrington (Photographers)

GORDON MUSEUM

Mr. R. D. G. Gain, the Curator of the Dental Section, will be in attendance.

THE RESIDENTS' PLAY 1968

TSE WEN

by

IAN McGILL

Cast

Sister Mavrinsky	PETER TRENCHARD
Sao Tse Junior	PETER ELLIS
Dr. Rasputton	NICHOLAS IRISH
Mr. Brawn	DAVID VERNON
Dr. Carlton-Brown of the A.O.	MICHAEL FALCON
Dr. MacLaymore	KENNETH BROWN
Dr. Decameron	JOHN WRIGHT
Mr. Rex Annie	JOHN PICKERING
Dr. Carnoodle	JOHN HALLIDAY
Houseman	GUY LEACH
Charge Nurse Charge	PETER LEOPARD
Nurse Ready	FREDDIE FREELAND
Nurse Able	RICHARD CARRUTHERS
Nurse Willing	BRIAN MOORE
Patient	KEITH RIDING

Produced by JOHN WRIGHT

Music composed by PETER INWARD & ROBERT SELLS

Lyrics by—

IAN McGILL
ISOBEL MATHIAS
COLIN HUNTER-CRAIG
HARRY KEEN
BRENDAN HICKS
PETER INWARD
JOHN & ELIZABETH SEARLE
ROBERT SELLS
ANNE COXON

At the pianos: PETER INWARD & DAVID SHAPLAND

Variations on a Theme

Opening Chorus

We're here again with pun and jibe and thrust,
To show our play of greed and power and lust.
Each year the plot is really much the same
Consultants warring: now the ones we name
Are drawn from many a far flung portal,
Our job's to show they are but mortal.

In China cultural revolutions rage
With no less force and fire than on this stage.
A revolution here at Guy's you'll see
Fanned into flame by thoughts of H.J.T.
Clutch to your breast this small green manual,
For it will solve for ever problems clinical.

Since last upon this stage we met with you
The college slowly vanished from our view.
Contractors fighting with the bricks and mortar,
It took three firms to finalise the slaughter;
A housing problem then became apparent,
The Bakers settled theirs—the students haven't.

Sir Hedley A has now been elevated,
But his odontoid peg he dislocated.
Is there a moral there that you can see?
How hazardous the heights of the P.R.C.
But time will heal with aid with Bill Crabbe's skill.
The Presidential head is with us still.

Kidneys were all the rage in sixty seven,
Dialysis is NephrOggs seventh heaven.
Perhaps this year a change of heart we'll see,
With D.N.R. out front or R.C.B.,
Transplanting brains from Mann to Samuel Wass,
Which one would gain and which would show a loss?

We're here again with pun and jibe and thrust,
To show our play of greed and power and lust.
Each year the plot is really much the same
Consultants warring; now the ones we name
Are drawn from many a far flung portal,
Our job's to show they are but mortal.

Act 1, Scene 1. Nurses' Sick Bay Office. The curtain opens to reveal on stage, Charge Nurse Charge and Nurses Ready, Willing, and Able; the last named in an advanced stage of pregnancy. Enter Sister Mavrinsky. She runs over the cases quickly and sends all the girls out of the office to await the arrival of Dr. Junior. The great man arrives in a furious temper, storms across the room and slams down his case. He shouts for Sister and eventually settles down to receive the first patient—Nurse Willing.

Nurse Willing, in a skirt whose length is scarcely sufficient for decency, let alone for Matron, slinks across the stage and spreads herself languidly over Dr. Junior's desk. Bemused by all Nurse Willing's sexual innuendos, Dr. Junior packs her off to see an Orthopaedic Surgeon, and with an exasperated cry of "Women!", he begins his song.

Junior's Lament

Dr. Junior

I struggled for years to get on the Staff,
The efforts it took me did not make me laugh,
But I got to the top and supreme I did reign,
And I wondered why nobody loved me.

I had written a book, was told others had helped,
T'was due to my efforts that puppy was whelped;
Without them, alone, I'd have easily managed,
And I wondered why nobody loved me.

I bullied my housemen to keep them in line,
My registrars too, we got on just fine
So long as they did precisely my way,
And I wondered why nobody loved me.

My junior registrar knew his position,
While I was in Keat's, he's the nurses' physician;
While I filled my purses, he saw the nurses,
And I wondered why nobody loved me.

I strode down the ward, my students all cringed,
It was hardly my fault they'd been on a binge,
But when I said "Jump", I expected a jump,
And I wondered why nobody loved me.

I tore up the notes, the pieces did fly,
It left the poor student wondering why
The best he could do was never enough,
And I wondered why nobody loved me.

Private practice was good, the money rolled in,
Though some of my colleagues thought money a sin;
But what did I care, to me money was Power,
And I wondered why nobody loved me.

Beckenham now was a different place,
I walked around there with a smile on my face,
I was kind to the nurses and even my staff
And I'm certain that there they all loved me.

So I took out a leaf from my Beckenham book,
Stood back from myself and had a long look,
I altered my scowl and made it a smile
And now all of this hospital loves me.

Dr. Junior moves back to the desk and rings up the Dean. They discuss the poor sales of their book, and bemoan the fact that they did not put a woman on the front cover. The Dean, *being in Committee for "a few years", leaves the promotion of* the book to Dr. Junior with the sole proviso that he does not cut the price. Just before he rings off the Dean comments on the enormous sales of Mao-Tse Tung's book in China, and suggests that Dr. Junior might find a clue there.

"Of course. That's it. A literary dictatorship," cries Dr. Junior, and he goes to the 'phone to summon his allies, Mr. Brawn, Dr. Rasputton, and Dr. Carlton-Brown of the A.O. Pausing only to instruct Sister Mavrinsky to clear up the room for a "confidential meeting", Dr. Junior exits to prepare his plans. Sister Mavrinsky sets about clearing up the office, and, in putting away a set of notes, accidentally falls into the filing cabinet and disappears.

At that moment Mr. Brawn enters, complaining about the light, closely followed by Dr. Rasputton and Dr. Carlton-Brown. Dr. Junior re-enters and explains to his fellow conspirators the objects of his revolution. "All learning will be standardised and my book will be the only one used in Medical Teaching," he says, and tells of his plans to take over all the Medical Schools and the Colleges. The other three, whilst applauding the plan, want to know why they, in particular, have been chosen as co-revolutionaries. Dr. Junior tells Dr. Rasputton that he will be paid well. To Mr Brawn he says that, as he has never refused an operation, he cannot refuse this one. Dr. Carlton-Brown sees himself as an automatic selection—satisfying the need for an organising genius, without which no revolution can succeed. These questions settled, they link arms and sing.

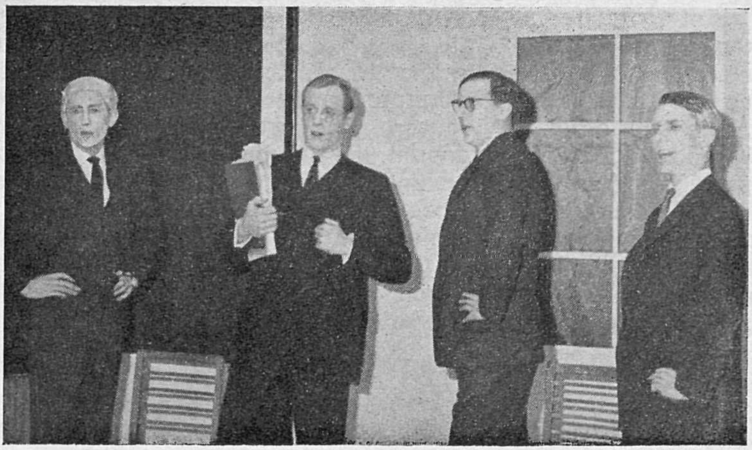
A Tsong of Revolution

The Revolutionaries

Addison knew it was just a matter
Of time, and Bright (a friend of the latter)
He left his renal disease to chatter
To Lane about socialist splurge.
Though it isn't well known (it's been suppressed)
The weary Lane* put Gull to the test
And Astley Cooper was notified lest
A rupture should emerge.

Chorus:

Guy only dreamed for it,
Generations of students have screamed for it,
Superintendents have schemed for it,
Herefordshire cattle have creamed for it,
Consultants have been dubbed for it,
Surgical men have scrubbed for it,
Successive matrons have sobbed for it,
The H.J.T.



From their early begins there came
An organisation of terror whose name
(Athaeneum†) was covertly not the same
As the Greek Gods saith.
The K.G.B. had nothing on this.
Philby's activities merely his-
Trionic compared with the Guy's emiss-
Ary agents of death.

Atavistic now, the Club has boomed,
Yet for years the Guy's hierarchy has loomed
Even in spite of the thrust (long since doomed)
Of those few brave men.
We must rally their standard and get ready for
The final take-over those visionaries saw
As the only way out (apart from the door)
So just Tse Wen!

*"It's a weary Lane that leaves the colon."

(Contemporary, Anon.)

†Brit. Med. J. 1968 I, 308.

At the end of the song a faint clucking sound emerges from the filing cabinet and the conspirators discover Sister Mavrinsky. Realising that she must have overheard all their plans, they try to persuade her to join them. Sister Mavrinsky refuses to join the revolution, despite theats of torture and of being called a paper tiger. Protected by Dr. Carlton-Brown's sense of "fair play" and his knowledge of the Geneva Convention, she survives to fight another day.

Act 1, Scene 2. The Intensive Care Unit. The atmosphere *in the Intensive Care Unit is one of idle quietness.* Nurse Willing sits reading "The Sporting Life", while the Monitron records the patient's B.P., pulse, temperature, cardiac output and renal flow. But this is no ordinary Monitron. The screen above it is specially adapted to pick up, and transmit, the thoughts of anyone to whom it is tuned. When the Houseman enters, the Thought Monitoring Screen comes to life and begins to project the true meaning of each seemingly innocent remark that the houseman makes to the *nurse, and that she makes to him.* Completely oblivious of the computerised witness to their conversation the two love-birds burst into song.

Houseman Blues

Houseman and Nurse Willing

Nurse:

I'll see him someday, though that's far away;
He's working you see, so far from me.
He comes to the ward, his tea has been poured;
He flops on the bed, fed up and half dead;
So I'm mending his shirt and cleaning his shoes
I've got those old houseman blues.

Houseman:

I struggle and strive to keep them alive,
And when they all die we never know why.
But she's always there, her beauty so rare;
She smiles up at me from the tattered settee
Where she's mending my shirt and cleaning my shoes
I've got those old houseman blues.

Nurse:

We'll both have to tarry before we can marry
But Robinson's sure to come up with the cure
He promised us all he won't let us fall;
I don't really know I believe it and so
I'm mending his shirt and cleaning his shoes
I've got those old houseman blues.

Houseman:

When I start to love my sweet turtle dove
The bleep sends me spinning and spoils all our sinning;
A drip has just leaked, the Monitor's squeaked.
Then back bleary-eyed to my love who just sighed
I'm mending his shirt and cleaning his shoes
I've got those old houseman blues.

Both:

We struggle and save for a premature grave;
There's years to endure (without pay that's for sure)
Of nights without sleep and that bloody bleep
Of urines and Pathforms and registrars' tantrums
And she's mending my shirts and cleaning my shoes
I've got those old houseman blues.

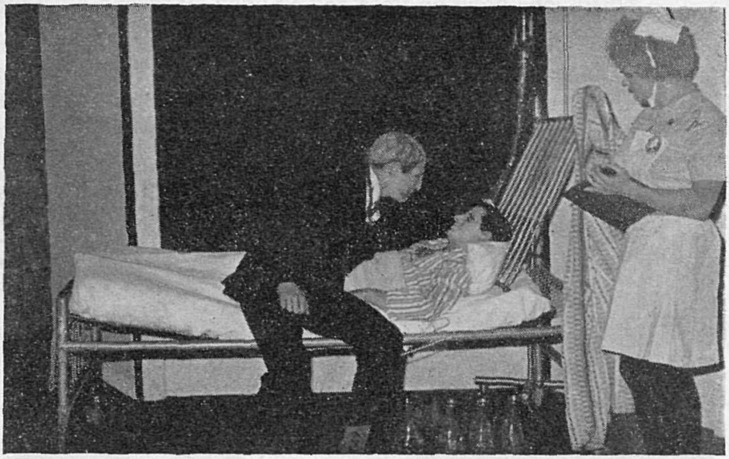
Both:

We'll find a place where there's life in the air,
Where patients don't grumble, consultants don't fumble;
Where jobs grow on trees and all bring fat fees;
So goodbye to our mates, we're off to the States,
So I'll tear off his shirt and I'll kick off my shoes
No more of those old houseman blues.

The final flourish of this passionate pas-de-deux heralds the arrival of Dr.MacLaymore, Mr. Rex Annie, and Dr. Decameron on a Combined Round. Distracted, for a time, by the machine and its wires, the party eventually turns its attentions to the patient a Mr. Ex. The cry goes out from Dr .MacLaymore, "Who's the Clerk? Where's the firm?" But he and Mr. Annie are disappointed to discover that this is a post-graduate round, and therefore unsuitable for the firm. In the absence of a Clerk, Dr. Decameron gives the history.

"Mr. Ex presented with bleeding per rectum. Many would have thought that this was due to Henoch-Schönlein purpura; but the gamma b, gamma M, and gamma a, b_1, and c were all normal. I therefore had to exclude Von Willebrand's, Von Quinke's, and Von or two other things. To get to the bottom of things I did a sigmoidoscopy. The Rectum was full of interest and faeces. My RegistrOgg repeated the investigation; and, when the noise died down, announced that the patient had piles. What do you do for piles? Correct, Liver-biopsy. This, unfortunately, led to acute tubular necrosis. . . ."

It transpired that the patient had had to have, as a result of the piles and the associated investigations, a simultaneous renal, liver, lung and heart transplant—and was now doing quite nicely. Horrified by this scientific approach to the patient, Dr. MacLaymore falls back on basic clinical skills and asks the patient, straight out, how his piles are. The reply is long and noisy, and the patient's true thoughts are amply shown on the Thought Monitoring Screen.



Mac's Method

Dr. MacLaymore

Now this academic thinking
Is just a lot of blinking
Nonsense to a man like me.
It's my plain and simple teaching
Not intellectual over-reaching
That will get you through your M.B.

I've considered it my mission
Ever since my first edition
To inculcate simplicity.
So I'm all for conservation
Not scientific complication
Which don't help you get through your M.B.

Richard Bright and Astley Cooper
And my wealthy friends in B.U.P.A.
You'd find they'd all agree with me;
For the man who's got ambition
Plain hard graft, not erudition
Is the way to get through your M.B.

You must get the diagnosis
Of a valvular stenosis
Like a baby knows its ABC;
But to fill your mind with theory
Will just make you rather dreary
And won't help you much with your M.B.

Just a little naval vigour,
Not this scientific rigour
In a doctor's what I like to see.
Don't sit down and read Sylvanus,
Get your finger up the anus
If you want to get through your M.B.

Unable to avoid the fascination of the machine, Dr. MacLaymore tries to tune it in to himself. The machine is overwhelmed, shows on the screen, "*********!", and then blows up in a cloud of smoke. The machine has arrested! Attempts at resuscitation fail and they all join in the song—

Death of a Machine

Dr. MacLaymore
Mr. Rex Annie
Dr. Decameron

Deus, deus ex machina, slow to wrath and strong to save,
You who throbbed with life before us now go rusting to your grave,
Noble creature, we beseech ye, answer when we call on thee,
Now you're gone, who'll come on, to save us all from entropy.

With microferrite memr'y and feed-back loops in place,
You left us poor mortals standing as you ran the human race,
Circuits glowing, always knowing, replacing doubt with certainty
Now you're gone, who'll come on, to save us all from entropy.

When our flesh began to crumble and our parts began to grind
We looked to you with confidence, to your electronic mind.
This transfusion, that infusion, the answer clear for you to see
Now you're gone, who'll come on, to save us all from entropy.

Mother Nature does her damnedest to reduce us all to dust,
And although it's very true that when you've got to go you must,
You stayed the tide, and death denied, you promised immortality
Now you're gone, who'll come on, to save us all from entropy.

Deus, deus may you enter some mechanical Valhalla
And sweet repose reward you for your death defying valour,
We live on, our saviour gone, to grapple with reality,
For, now you're gone, none will come on to save us all from entropy.

As the party is about to leave the ward they are stopped by Dr. Junior and his men, who are now all dressed in green suits, *and flourishing copies of the Book.* Despite Dr. MacLaymore's violent opposition, the "goodies" have to submit when Brawn advances on them with a pair of his "Nasties" (a surgical instrument of doubtful parentage). Dr. Decameron is sent off to change out of his non-regulation gear, while Rex Annie keeps the Enemy at bay with a long story about a pigmy and his Wellington boots. Dr. Decameron re-enters in regulation green jacket and trousers, but their decoration, with several florid patches of scarlet, flowery material, so displeases Dr. Junior that Dr. MacLaymore, Rex Annie and Dr. Decameron are immediately despatched to the Salt Mines.

Ode to the College

Read by John Searle.

"The College demolished"—
Cold headlines we read.
An era has vanished,
Our Mother is dead.
This refuge of housemen,
A century old,
Was loved by us all
Though draughty and cold.

Her age started telling,
Her roof crumbled in,
The windows were broken
And mended with tin.
But fifty years later
She shone through the smoke,
Her plumbing a nightmare,
The heating a joke.

The rooms still had gas fires
And mould on the wall,
Bare stone for the flooring,
The phone down the hall.
Then why did we love
Such a crumbling ruin?
A happiness reigned there
We'll search for in vain.

Returning at midnight
From death, feeling glum,
The bar lights were blazing
With laughter and fun.
The parties continued
Far into the dawn,
Hangovers at breakfast
Concealed with a yawn.

You couldn't feel lonely
With walls paper thin,
In the morning a wink and
A wide knowing grin.
But demanding for comfort
And warmth, they then made
A gutless Emporium—
And memories fade.

They ripped from her belly
The pride of her art,
And tore her to pieces
Those men with no heart.
"Progress to the future",
The epitaph read.
Will Guy's be the same now the College is dead?

Act 2, Scene 1. The Salt-Mine in Beckenham. Though Beckenham has never been shown on any geological map to possess any salt-bearing strata, we must assume that there has been a lapse in their investigations, for, there before us is the salt-mine in Beckenham. The Nurses, exiled with their Sister and the other "goodies", are busy sweeping away the excess salt into (of course) the cellar. Sister Mavrinsky enters and sings,

Tsing a Tsong of Tsick-bay

Sister Mavrinsky *et al*

You know my name is Sister Marvin,
My niche at Guy's I've carved and carving;
Ruling Junior and his minions,
I know my ointments and my onions.
My art is tact without genteelness;
God help the Registrar who's heedless
Of my quietly tyrant ways
On who's discharged and which one stays.

Charge Nurse:

I'm on the way up, my blue will be royal,
My nose must be clean, my affinities loyal;
To woo every sister's a difficult task,
But to be one, a blue one, is all that I ask.

Ready:

Mummy said to be careful with guys and with favours,
She knew all the hazards of friendly behaviours;
I've tried to have fun with restraint and decorum
But why am I told I consistently bore 'em?

Mavrinsky:

Guiding errant nurses homewards,
Protecting all from indiscreet words
Without the Pill and on the wrong road,
That new Bill might up my work load;
That MP and those reformers
Have quite upset us dour conformers,
But we angels up in sick-bay
Have root aversion to a quick way.

Willing:

When I came to Guy's the College was standing
There was living and loving on each dirty landing,
The East Wing's hygienic, of carpets it's full,
But it's curbed all those ids and made life so dull.

Able:

I'm frightfully keen on drugs and drips
And counting cardiographic pips,
I've studied my books, know where, why and when,
I've acquired so much knowledge but I'd much prefer men.

Mavrinsky:

Lingering in bed for weeks upon end,
Forgotten by all and so slow to mend;
Natural healing takes its course
Undisturbed by medical force.
My military ways cure each affliction,
Throats and 'flu and mild addiction.
I've just recalled my name's Mavrinsky
But what the devil rhymes with insky?

It transpires that the mine is being swept in readiness for a meeting of the Escape Committee. The three Members of the Committee duly arrive and sit themselves down on large lumps of Beckenham salt to ponder their fate and to discuss the best way of getting out of their predicament. The minutes of the previous meeting (at which Dr. MacLaymore elected himself into the post of Chairman) are read by Rex Annie, who goes on to explain how, with the help of Theatrical Licence, he has dug a tunnel out of the mine in only two weeks. They decide to draw lots for the doubtful privilege of being the first to use the tunnel. Mr. Annie draws the lowest card (Jack of all Spades), and bravely sets off into the unknown—through a trap-door in the stage. As Dr. MacLaymore and Dr. Decameron watch him go the air is split with the sound of machine-gun fire, and the wailing of sirens. They turn sadly from the tunnel entrance.

"He was a brave man," says Dr. MacLaymore.

"I wonder if they got his kidneys," replies Dr. Decameron.

These musings are rudely interrupted by the sudden re-emergence of Rex Annie through the trap-door.

"Silly me!" he comments, and explains how he had managed to put his spade through the Alarm System.

A Surgical Soliloquy

Mr. Rex Annie

My career began at the Middlesex,
Was it there they started to call me Rex?
Reginald Seymour is really my name
Rather a mouthful for such a young flame.

Chorus:

Young looking surgeon with many degrees,
Gather round students and fall on your knees.
Quick and adept with the surgical knife,
Speed and sagacity always save life.

Exams were really a hobby for me,
Membership, Fellowship, M.S., M.D.
Now anatomy lectures are quite fun,
I cannot remember where most things run.

Since Nils' retirement I have moved up one,
But the bed situation is still glum;
Bed-snatching at Guy's is a crime and a sin
By Consultant staff who've just been let in.

Physicians value my surgical skills
To sort out all unsolved medical ills.
I'm always willing to look and see;
If it doesn't work out please don't blame me.

I'm one jump ahead of those I employ;
To them it's a trial; for me it's a joy
To know I outwit them in surgical skill,
And what's more to the point I always will.

Foiled, the three sit down to think of another plan. Dr. MacLaymore suggests that they should "hit 'em hard with cortisone". Dr. Decameron lies on the floor and Rex Annie tries to decoy the guard into the room where they hope to bash him with the cortisone. Instead of the guard all that is sent is a curt note from Chairman Junior saying that, "because of the Financial state of the country . . . there shall be no illness to-day." The great brain of Dr. Decameron is brought to bear on the subject of escape. He has a plan—a brilliant plan, a diuretic bomb to get rid of the excess salt. A diabolical machine, looking surprisingly like a male urinal is produced, wired to a detonator and set off. As if by magic the doors of the Chamber are dissolved away to the sound of a flushing lavatory cistern. Dr. Decameron saves the day!

Decameron's Heights

Dr. Decameron

Triumph, you elusive flower,
Slow to bud and brief to bloom,
Whisper privy in your bower
How to pick you from life's womb
Flower, flower, flower, flower, how to make you bloom for me?
Permeate me with your power, furnish my philosophy!

How to hold my soul artistic
In firm scientific grip
Steer between the narcissistic
And a tendency to—hip.
Must I tread dull path of logic, pathologic path for me?
Raise me from the zoologic, set my inspiration free.

Rumbled then a borborygmus
From the bowels of the mind,
Answering my soul's enigmas
As one night in doubt I dined
As I sat that night at dinner, clear the path my life would take,
There before me lay the answer, on the kidney lay your stake.

Now fierce toiling is my nature,
To my mill all tasks are grist
Less than all is dissipature
Aim too low—the target's missed.
All engulfing, all embracing, that's the way I'm made to be,
Mark me now, my blood is racing. Hail, unconquerable me!

The "goodies" make their escape from the mine, threatening to crush Chairman Junior's Revolution.

Act 2, Scene 2. The Renal Dialysis Unit. Onto the set, decorated with renal tubules and urinals, wander Mr. Brawn and Dr. Rasputton. Brawn still complains about the light, and Rasputton has had another frightful day. They join forces to sing.

A Psong of Popular Pulmonary Paragons

Mr. Brawn
Dr. Rasputton

Both together:

If you are new and don't know who
To call in when you need some aid,
Just contact us and you will find
Rasputton: Anaesthetist
Brawn: Surgeon
Together: ready made
For we'll soon put your mind at ease
We'll exercise our expertise,
We are the very models of
Our chosen specialities.

Brawn:

I am the very model of
A modern major surgeon,
I cut and thrust, dissect and tie
And seldom stop for luncheon.
In cases that are bronchial,
Hiatal or just verging on,
I am the very model of
A modern major surgeon.

Rasputton:

I come at eight and leave quite late
I've always had a frightful day,
At gassing I'm a wizard and
I really feel I earn my pay
In matters inhalational
I think I'm quite sensational
(Oh) I am the very model of
An anaesthetic miracle.

Brawn:

I am the hardest worker here
I even work each festal date,
I drive my staff ahead of me
No slacking can I tolerate
But when it comes to playing golf,
And driving for a hole in one,
I am the very model of
A modern major surgeon.

Rasputton :

To humour surgeons is an art
At which I'm quite exceptional,
If all else fails the answer is
To duck behind the screens and you'll
Avoid their caustic comments and
Their grumbles inexhaustible,
(Oh) I am the very model of
An anaesthetic miracle.

Brawn :

In theatre I'm a demon
And a stickler for exactitude,
No registrar selects the rib
That had I been there I'd have used,
The light is never focused nor
The diathermy switch turned on
I am the very model of
A modern major surgeon.

Rasputton :

Now you may wonder why I chose
To operate machines all day,
I could have been a surgeon
But that is just a form of play,
Perhaps a radiologist,
Or down at heel pathologist,
(But) I am the very model of
An anaesthesiologist.

Together :

So now you see, we are the best
There is no place for modesty
Brawn : Just call me in if what you want's
a smooth and swift bronchoscopy
Rasputton : Give me a Manley or a Blease
With either I'll be sure to please
Together : (For) We are the very models of
Our chosen specialities.

Chairman Junior makes a grand entrance dressed in a flowing, green silk Mandarine gown, and accompanied by the faithful Carlton-Brown.

"Today will go down as one of the glorious days of the Revolution," says the Chairman. He describes the fantastic new invention which is standing in front of them. It looks like a washing machine—it is; a Brain Washing Machine. The machine is equipped with six sets of earphones—five green and one pink. The wearer of the pink earphones has control over the thoughts of anyone wearing a green set when the machine is working. The Revolutionaries await the arrival of their unsuspecting guinea-pig. Dr. Carnoodle enters, unaware of his impending doom, expecting only to judge the new uniforms that Dr. Junior has told him about.

"Let's start with the head-gear," croons Dr. Junior, his face set in an innocent smile. No sooner has Dr. Carnoodle got the green earphones on his head than Dr. Junior puts on his pink ones and switches on the Brain Washing Machine. There is a ghastly noise, at the end of which Dr. Carnoodle expresses himself to be a wholehearted supporter of the Revolution, ending with the words, "The only club worth joining is the Junior Book Club. Long live Sao-Tse Junior!"

Chairman Junior and the rest of his black-hearted mob, now certain of victory, burst into song.

Paeon of Triumph

Revolutionaries

Chorus :

HALOTHANEs of Glory! The triumph now is ours!
An N 2 Overrated opponents of our cause
TRILENE upon your bouncers but they will not avail
We're sly and fOXY-GENtlemen, your tickets will not prevail.

Brawn :

We're not in trouble now that's sure
This pump will work a certain cure
I'll rise to heights of greater fame
The Deus ex machina—Brain.

Rasputton :

Now gasmen all—think of our name
We'll have our Potts in Halls of fame
While others try to wash the brain
We'll squeeze the bag—they'll feel no pain.

Carlton-Brown :

The others think they're in control
To run this place is their one goal
The hospital will soon be ours
And then I'll call it Carlton Towers.

Carnoodle :

The others say that they have won
It seems they've had a lot of fun
But one thing's sure all down the line,
I think it's absolutely fine.

Junior :

All thoughts of mine are to be law
Systemic loopholes I deplore
Therefore each mind we will re-tune
Nor one escape to be immune.

After the song they all put on green headphones in order to have a co-operative "think-in". They break into the "Red Flag", but they are interrupted by a loud knocking at the door. Chairman Junior opens the door and lets in a large, sandy-haired gentleman, who wears a large moustache. If it wasn't for the moustache one might swear that it was Dr. MacLaymore, but it can't be.

The gentleman introduces himself as an employee of the G.P.O., and states that, having received complaints of interference from the neighbours, he has come to test Chairman Junior's suppressors. Not wishing to offend the G.P.O., Chairman Junior hands over his pink earphones to the visitor, and takes a green pair for himself. Suddenly the G.P.O. man turns on the Brain Washing Machine. The noise starts again, and all the Revolutionaries turn rigid.

"Right," says the G.P.O. man.

"Right," say all the Revolutionaries in unison.

"This Revolution is a complete and utter waste of everybody's time," says the G.P.O. man.

"This Revolution is a complete and utter waste of everybody's time," chant the Revolutionaries.

The G.P.O. man rips off his false moustache and reveals Dr. MacLaymore beneath. He goes to the door and lets in the rest of the triumphant goodies. Sister Mavrinsky takes the pink earphones and sets the ex-Revolutionaries dancing until, one by one, they drop, exhausted to the floor.

"Well," says Dr. Decameron, "that's curtains for them; but when is it curtains for us?"

The reply comes from the whole cast, "Just TSE WEN."

CURTAIN.

Final Chorus :

Pomp Without Circumstance

We've come to the end of our show,
And now to your homes you must go.
But 'ere you depart from this place,
Pray listen with patience and grace
While you hear our conclusions to date
Of Guy's, her future and fate.

We've played yet again the old theme,
Transported you with us in dreams.
But phantoms and dreams conceal truths
Of things hidden and often confused.
But it's happening all round us each day.
Revolutions are with us to stay.

In every department of Guy's
New thoughts and ideas will arise.
We care for our patients these days
In intensive and progressive ways.
Yet tubes, gauges, charts and the like
Musn't smother them quite out of sight.

Housemen at Guy's now have a voice,
Enabling them freedom of choice.
We have things our forebears just dreamed of,
Better hours and new married quarters.
A rise in pay brought jubilation,
Somewhat shrunk by devaluation.

Some find this change in modern days
Is hard to face in many ways.
Yet dare we lose the tide to greatness
For fear of change and costly progress?
So Sirs, we plead, do not regret,
The scene before you which is set.

There are things to which we must hold,
Or revolution will grow cold.
Dare quam accipere must remain
The driving force behind the name
Of Guy's which we each one revere,
This is our toast for the coming year.

We'll strive that Guy's should hold her place
As leader in the status race
We fight against disease and pain
With skill that puts the rest to shame
We hope we've buried Wilks and Bright
For Science in Medicine is in sight.

Residents' Play, 1968: Criticism

This year's audience were treated to one of the most amusing Residents' Plays of recent years, and Ian McGill deserves every credit for a conception and script that sparkled with humour. The emphasis, not only in the writing, was clearly on entertainment rather than satire, and the absence of the more cruel comment gave the play an unusual flavour of which production and performance took full benefit.

The art of disrespectful imitation, cultivated by this Play over many years, was superbly exhibited by three players in particular. Peter Ellis as Sao Tse Junior, dominated early and late scenes with authority and peerless attention to action and timing. When we were regarding Ellis as the star elect, there entered a transformed Kenneth Brown with a first-class Dr. MacLaymore that swept audience and cast along with his assurance and characteristic twinkle of eye; a good and well-rendered song had us wishing for both the fine Brown original and the acquired MacLaymore voices simultaneously! John Wright did not need his vocal mimicry and make-up to remind us that the figure in *that suit* was Decameron, but he augmented the whole effect with a good performance and a "fab" (yes, "'fab'') version of Decameron's Heights, unquestionably the hit of the show. Apart from these three, however, there was delight at Peter Trenchard's Sister Mavrinsky (from Tsick-bay) and appreciation for a convincing Dr. Rasputton from Nicholas Irish, a Mr. Rex Annie from John Pickering, and a Dr. Carlton-Brown from Michael Falcon.

Although Brian Moore made of Nurse Willing a suitably seductive siren with remarkable effects on "doctors" and audience, one had the feeling that standards were unconsciously relaxed when it came to these inevitable nurses' scenes. Certainly the mid-scene miscarriage of a cushion from one buxom nurse may have been unscripted and very funny, but in general this sort of humour is over-rated. To really succeed, such scenes require especially diligent direction and maintenance of pace and wit. Traditional, oh so traditional, choruses, are another danger point and in this instance again they threatened the overall impact of a good Play; imagination and enthusiasm are vital, and any deficiency of either is very apparent.

The music, from the hard-working harmonic neurones of Peter Inward, assisted by those of Bob Sells, did not disappoint us. Indeed, after the many years of Inward toil expended on Residents' Plays, Christmas Shows and *all* things musical, we would have been astonished if it had! With the trend from Sullivan to swing continuing, we enjoyed melody and harmony in plenty, and jollity in moderation. One feels and sympathises with the reaction against traditional marches and romps, but one wondered momentarily whether the pendulum swung too far this year and whether more pace in some songs might have been valuable . . . a personal reaction only, but a thought. In technical terms of make-up, lighting and set (simple yet attractive from Andrew Seal and Peter Davenport), the show was faultless. To John Wright who, besides playing a role and a saxophone, also brought the whole production from script to polished reality, every congratulation. May Guy's enjoy more Plays like this one in the future.

B.H.H.

Stage Manager - - - - - - -	PETER DAVENPORT
Set Designer - - - - - - -	ANDREW SEAL
Lighting - - - - - - - -	MAX PEARCE JOHN HARGRAVES
Sound - - - - - - - -	MICHAEL LOCKWOOD
Costumes - - - - - - -	SALLY HAZELWOOD WENDY ROSTRON
Properties - - - - - - -	KEITH RIDING
Make-up - - - - - - - -	ALISON STEVENS TOM TREASURE
Continuity - - - - - - - - -	ROBIN STOTT
House Manager - - - - - - -	JOHN NEWMAN
Recording - - - - - - - - -	J. HOULGATE
Programmes - - - - - - -	CHRISTOPHER PENNEY
Secretarial Help - - - - - - -	CHRISTINE FREELAND

CORRESPONDENCE

God and Lane

SIR,—While it is hard to know whether to take Mr. Windsley's letter (*Gazette,* February 17th) seriously, please allow me to attempt to comfort him. I might start by pointing out, *a propos* his final remark, that most of us manage to keep a distinction between our faith in God and our faith in Arbuthnot Lane. The letter of R. D. Forrest which started this correspondence was surely no "eye opener" to Sir Hedley, to former Guy's students, or to anyone familiar with medical students. Towards the end of the Clinical course, with the need for House Appointments looming near, rather pompous statements and actions of this type are not altogether uncommon, and should be treated with some scepticism. The Unveiling Ceremony could have been of considerable interest to students, but it was held at an inconvenient time of day and week, and poorly advertised. The "student of today", given a reasonable opportunity, is as interested in the traditions of this Hospital as his predecessors were.

Incidentally, on reading the captions you publish, a thought arises—considering the great influence these men had on medical and surgical thinking in the 19th and 20th centuries—too great to fit into any readable caption—was the relationship of Bright, Cooper and Lane to the Athenaeum really of such enormous importance as to warrant the stress placed upon this?

Yours etc.,

JONATHAN CRESSWELL

East Wing,
Guy's Hospital.

Students Grants—A cause ?

SIR,—It is always with reluctance that any subject connected with politics or their effects upon our lives is raised at Guy's. Even more discretion must be excercised when the subject is as mundane as students' grants. However, the subject will be discussed at the forthcoming B.M.S.A. conference in Sheffield which I will be attending as a delegate. I would like to assess the climate of opinion in Guy's and this letter may serve to stimulate comment.

On paper the medical student gets the roughest deal. I say this for three reasons:—

1. The grant is assessed, for all practical purposes on the basis of a thirty week academic year. For the remaining eighteen weeks the student receives the sum of £6 2s. 6d. per week.

At King's College a medical student told Mr. Gordon-Walker this simple fact and also that hall fees will be £7 per week from October: The Minister of Education was unaware of these figures (King's College, Monday, 4th March)!

2. Medical students are unable to supplement their grants by holiday work.

3. Since the course is longer we have to tolerate this situation whether we approve or not, for longer periods of study.

Despite these facts the majority of medical students are silent on the subject. There was a rally in Trafalgar Square on Sunday, March 3rd to campaign for more realistic grants but amongst the rainbow of college scarves I saw few hospital colours.

I refuse to accept that medical students are intrinsically apathetic (despite the successful failure to thrive of Apathetics Anonymous).

Then why this silence ?

There are two possible reasons. The first is that we feel the status of medical students does not permit us to sink to campaigning for rights. Maybe we agree with the *Daily Mirror* editorial (Monday 4th March) "Idiotic, boorish, arrogant" (headlines).

"Everybody is more than a trifle bored by the public tantrums of university students".

However, the March 3rd Rally was orderly, dignified and peaceful. This is more than can be said for Hospital cup finals. Concern for our public image does not seem to be a likely reason.

The second possible reason was adequately dealt with in a survey carried out by the B.M.S.A. amongst London medical students. They found that the average income was about £100 in excess of the maximum yearly grant for a clinical student.

Is this our reason for silence ?

Yours etc.,

Tom Treasure,
(B.M.S.A. Rep.)

East Wing,
Guy's Hospital.

"Alcoholic Antidote" Corrected

SIR,—The article "Alcoholic Antidote" by Dr. Michael Ash will certainly bring severe criticism on scientific grounds, quite apart from ethical ones. I cite, because it is important, the list of strengths of alcoholic drinks (given as "weight" of alcohol in terms of ethanol by volume), which is inaccurate and misleading; for the record, the approximately correct figures are as follows:

Drink	*Per cent Ethanol by volume*
Stone ginger beer	1—2
Draught beer	3.5—4.5
Bottled beers and stouts	4—5
Strong Ales	7—8
Most ordinary white wines	8—9
Russian Stout, barley wine	9—10
Claret, Burgundy	10—11
Champagne	12
Merrydown Apple wine	12.5
Saké (Japanese rice beer)	14—18
Crême de Cassis (liqueur)	15
1921 Chateau d'Yquem	15
Sherry	17—20
Port	19—20
Crême de Menthe	30
Most whisky, gin, brandy, rum	40
Benedictine	43
Average Russian & Polish Vodka	45
Best American Bourbon whiskey	45
Kirsch	48
Green Chartreuse	56
Certain Jamaica rums	56
Absinthe	74
Strongest Demerara rum	75.5
"Polish Spirits"	80

The article contains many dubious statements based on inadequate research and cloaked in pseudo-scientific phraseology. I am surprised to find such material printed in the *Gazette.*

Yours etc.,

W. Van Essen

(The above list of alcoholic drinks in order of strength is abstracted from my book A Man May Drink, Richard Serjeant, Putnam, 1964.)

32 Oakhill Road,
Beckenham,
Kent.

A Tower Block Indeed

SIR,—Thank you for raising the question of the name for our new building in the *Gazette* of 2nd March. The word "block" is one of the ugliest in our language. It has a multiplicity of meanings, and when applied to buildings is horribly common and unimaginative. To many, "Tower Block" conjures up thoughts of grim and disreputable episodes in our history! Why not follow the time-honoured custom of naming our separate buildings and putting something in front of "House". Is not this unique to Guy's? To start the ball rolling may I suggest Thomas House, and Rowney House (Anne Rowney was a life-long friend of Thomas Guy and the first Matron of the Hospital). If it is considered invidious to choose one from a number of Guy's worthies, what about The Tower House. As you say, the more we hear about the Tower B - - - - the more difficult it will be to lose it.

Yours etc.,

FLORENCE TAYLOR

Flat 2,
103, Blackheath Park,
S.E.3.

SIR,—Without wanting to be a spoil-sport, I am bound to say that the functionalists referred to in your recent Passim would welcome suggested names for the new building. Some proposals (including the ribald) have already been made. Any further useful suggestions will be added to the list before the Board decides.

For the record, "New Surgical Block" was never a starter for New Guy's House.

Yours, etc.,

A. H. BURFOOT
Clerk to the Governors

Counting House,
Guy's Hospital,
London, S.E.1.

Gentlemen on the Tide

SIR,—May I take advantage of your columns to request support for a most worthy cause, namely that of the "Gentlemen's VIII" in the Tideway Head of the River race on March 23rd.

We hope that this year we can obtain a good turn out of those old Guy's men who have lost touch with the Boat Club in recent years.

Those former members who have failed to maintain their peak of fitness need by no means be deterred from participating, since the race will be rowed at an appropriate pace and a break at Hammersmith for light refreshments can be organised if desired.

Oarsmen are required for both sides of the boat, the only position as yet definitely decided being that of cox; a well-known gentleman of considerable academic and sporting standing having kindly volunteered his services.

If you feel you would like to join this notable array of aquatic talent, please let me know as soon as possible.

Yours, etc.,

J. K. SKUSE

East Wing,
Guy's Hospital.

NURSING SECTION

Backing Britain ?

Backing Britain. The National Press was and still is commenting on the end results of the gesture of those now well-known typists. What they did was admirable and probably is more possible in the jobs in which they are working.

Following this, the white collar workers and the trade unions are still arguing as to whether this policy of extra work is feasible, or whether it will add anything to the British economical situation. In effect, does it mean that we are to give up the material comforts to which we are used—albeit very small sacrifices, or does backing our country mean that we are to do more for each other at the expense of ourselves.

Are the nurses of Britain taking any notice of this venture? Surely every nurse has frequently worked overtime and there is no financial recognition of this from either hospital or Ministry. The nurses today who remain in the profession after qualification spend the majority of their time and the best years of their lives helping other people. Are we now to be expected to give further either by working longer hours or accepting no further increase in our salaries? This should and will raise a cry of protest from any nurse reader. However, it is a question that should be considered by those who have a conscience when they contemplate what is meant about backing Britain. Although the original idea was to help the economy only, yet it can also be deliberated to the extent that by Britain we mean not the country itself but the people who constitute it.

There are at the moment many thousands of people who are homeless. Some get by, by living in hostels which are usually run by volunteer charitable organisations. However, included in these numbers are the tramps who have nowhere even to lay their heads. Many of these we come across in the hospital wards and they are often in a filthy state and show many signs of malnutrition.

It is well known that many of these people have not the intelligence to find either employment or housing but with the aid of many of the people who at present think they are backing Britain by working an extra hour or two, the benefit would be of much more permanence to those members of our society whom we admit exist, but whom we push to the backs of our social minds.

It takes a great deal more effort and energy to give up our ever-increasing leisure time but every bit is worth the effort. If these unemployed people who cannot hold down jobs were given a chance of some type of training or chance of a job despite their previous record, which they may well wish to forget, but which they are not allowed to forget, then this would back Britain to a very much more permanent extent.

How many nurses will stop to consider this proposal? Perhaps when they do then it will be a way in which the nursing community can back Britain.

STAFF CHANGES AND APPOINTMENTS

APPOINTMENTS

C/N V. Lemon, S.R.N., to Sister on Sarah Ward.
C/N H. Servaty, S.R.N., to Sister on Nuffield House, A Floor.
Sister M. Fewster, S.R.N., to Night Sister, New Guy's House/Nuffield House, Relief.

CHANGES

C/N P. McCaffrey, from York Clinic to Night Duty, New Guy's House.
Sister R. Sullman, from Administrative Sister to Assistant Matron, Nuffield House.

NOTICES

Guy's Hospital Students' Club

Annual General Meeting

NOTICE IS HEREBY GIVEN that the Annual General Meeting of the Students' Club will be held in the Physiology Lecture Theatre in the Medical School on TUESDAY, 19th MARCH, 1968, at 12.15 p.m.

S. A. R. Cooke,
Hon. Secretary,
Guy's Hospital Students' Club.

AGENDA

1. To read, confirm and sign the Minutes of the last Annual General Meeting and of the Extraordinary General Meeting held on Friday, 24th November, 1967, in the East Wing.
2. Matters arising from the Minutes.
3. To elect the following Officers for the year 1968-69:
   (a) a President of the Students' Club;
   (b) a Senior Secretary;
   (c) a Senior Treasurer;
   (d) a Student President from among the student representatives on the Council;
   (e) a Student Secretary from among the student representatives on the Council;
   (f) a Student Treasurer from among the student representatives on the Council.
4. To receive the Accounts of the Students' Club and of the Bar for the year 1966-67.
5. To discuss the proposed changes in the Constitution.
6. Any other business.

It is hoped that there will be a good attendance as these constitutional changes require the approval of the Students' Club Members. You are invited to come and voice your opinion.

THE INNOMINATE CLUB, 1921

The annual dinner will be held at The Bath Club, 43, Brook Street, W.1, at 7.30 p.m. on Friday, May 17th, 1968.

For tickets, price 50s., apply to: G. T. Hankey, 89, Harley Street, London, W.1.

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 24th April, 1968, a course in Conservative Dentistry primarily for F.D.S. candidates, will be held at Guy's Hospital Dental School. The Course will consist of six sessions, from 6.0 p.m. to 8.0 p.m. on 24th and 26th April, and 1st, 3rd ,8th and 10th May, 1968. Fee: £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than 31st March, 1968, may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, S.E.1.

SPORT

DIARY

SOCCER.

Mar. 16 U.H. CUP FINAL—GUY'S v. ST. THOMAS', Cobham 3.0 p.m.
„ 20* St. Mary's Hospital. H.
„ 23 U.H. v. Sandhurst.
„ 27 Catford Strollers. H.
„ 30 Lancing Old Boys.
Apr. 5—9 Dutch Tour.

*Denotes United Hospitals' League Fixture.

RUGBY.

Mar. 16 Gloucester. H.O.P.
„ 23 Oxford. Oxford.
„ 30 Old Haberdashers. H.O.P.
Apr. 6 Old Whitgiftians. H.O.P.

HOCKEY.

Mar. 16 Tunbridge Wells. H.
Apr. 6 Bromley II. H.

Guy's were unfortunate to lose the U.H. Hockey Cup Final by two short penalties. However, the news of the Soccer Club reaching the Final of the U.H. Cup, again renewed our chances of further Cup successes this season.

With the *Gazette* having gone to press, the 1st XV will have played The London in the 89th Final of the Rugby Cup. Perhaps we may prematurely describe their performance in this their 30th "win" with the fervour used in 1875—"the players of the Guy's team, like the victors at Agincourt, will raise their heads with pride at the anniversary of March 13th 1968".

Guy's Hospital Gazette, March, 6th, 1875.

Guy's played Nuneaton as a pre-final run around. However, after twenty minutes they found themselves nine points down through three penalties.

They lacked much of their own ball both in the set pieces and the line-outs, and the little ball that the backs were given was used with panic.

However, credit must be given, for the team (minus the captain) fought back to win 12—9. Two penalties from Elliott and a rather splendid try by Novak—following a move that involved four loose rucks and an eventual threequarter movement—which he subsequently converted gave Guy's a win, even though a little unattractively.

TEAM: D. R. Elliott; J. Novak, J. F. Price, M. Cheesborough; J. R. M. Ross, B. J. Rowlands (capt.); P. G. F. Swift, J. E. Davies, G. C. Voss, J. Stoneham, P. K. Peace, C. G. Neville, D. A. Curson, J. M. Cockburn, M. Forbes.

Meanwhile, Charles Thorburn successfully captained Middlesex to the Final of the County Championship against Warwickshire at Twickenham on March 30th. It was not unnatural that his subsequent T.V. performance projected the Herculean figure that we know so well.

HOCKEY

UNITED HOSPITALS HOCKEY CUP FINAL

GUY'S v. ST. THOMAS'

Result: Lost 2—1.

This was a splendid match, full of excitement, and although the Hospital went down to two penalty flicks, the second in extra time, this was a performance of which the team could be justly proud. Before the match at the Westminster ground, Cobham, chances were rated as evens. As it turned out, St. Thomas' just had the edge, and although the game could have gone either way, it was generally agreed that the result was a fair one. The deciding factor was the exceptional performance of Jindi Dhillon, a Kenyan international, playing at full-back for St. Thomas'. He, amongst the St. Thomas' defence, prevented Guy's from intruding into the circle, limiting the number of scoring shots to five and thereby protecting a rather weak goalkeeper.

The first half started well for Guy's, the passing was crisp, but repeatedly attacks broke down outside the circle. In defence Pearson marked Malcom Read, the Great Britain centre-forward, exceptionally well, and the danger in the St. Thomas' attack came from the left-wing. Clark, always dependable in goal, made one very good save. The Guy's goal came from a passing movement which ended with a tremendous reverse stick shot from Appleby at full tilt. The St. Thomas' goalkeeper managed to clear it but Pearson put the rebound in from the edge of the circle. It was ten minutes later, just a few seconds before half-time that a short corner was awarded to St. Thomas'. Having fluffed two previously, this was a good shot, stopped on the line by a Guy's foot. Jago, from the spot, gave Clark no chance.

If the score at half-time had been 1—0, Guy's might well have won. As it was there was no second half score and despite hard work by Cripps, Appleby, and Godfrey, Guy's only had two or three further shots at goal.

Extra time had hardly begun when there was a repeat of St. Thomas' first goal, a short corner, a foul on the line, and again Jago versus Clark. In spite of tremendous effort there was still insufficient penetration forward to force the ball into the circle. As time ran out, in the second half of extra time, there was a last Guy's offensive, molested by "gamesmanship" from St. Thomas'. This gave Guy's a short corner. However, before the shot was struck, the whistle blew and it was all over.

The pitch, the conditions and the umpiring were excellent. Congratulations must go to S. N. Cripps for leading his team through to such a good final.

CLIVE DEBENHAM

TEAMS:

St. Thomas'—M. Weston, N. Kerr Muir, M. Read, R. Jago (capt.), R. Cove Smith, S. Bourne, J. Wright, N. Bateman, P. Bass, J. Dhillon, J. Patrick.

Guy's—A. Winskill, S. Cripps (capt.), M. Appleby, N. Dodd, A. Godfrey, R. Goodhart, C. Pearson, R. Crafts, M. Velacott, R. Kendrick, R. Clark.

RUGBY

OLD ALLEYNIANS v. GUY'S, AT DULWICH, MARCH 2nd.

Result: Won 14—8.

It was a good day for open rugby at Dulwich when the Guy's side, with J. Shutes making his debut, played the O.A.'s. In the fixture last year the result was 47—10, and it looked as if this was going to be repeated in the opening minutes when several openings were created.

The forwards, playing particularly well, supplied a lot of good ball but the threequarters squandered most of it by failing to run straight and hard once a break was made. The handling left a good deal to be desired, the final pass being dropped within a yard or two of the line on several occasions.

After 20 minutes, an orthodox threequarter movement resulted in Novak going outside his opposing wing and scoring in the corner. Elliott converted. The

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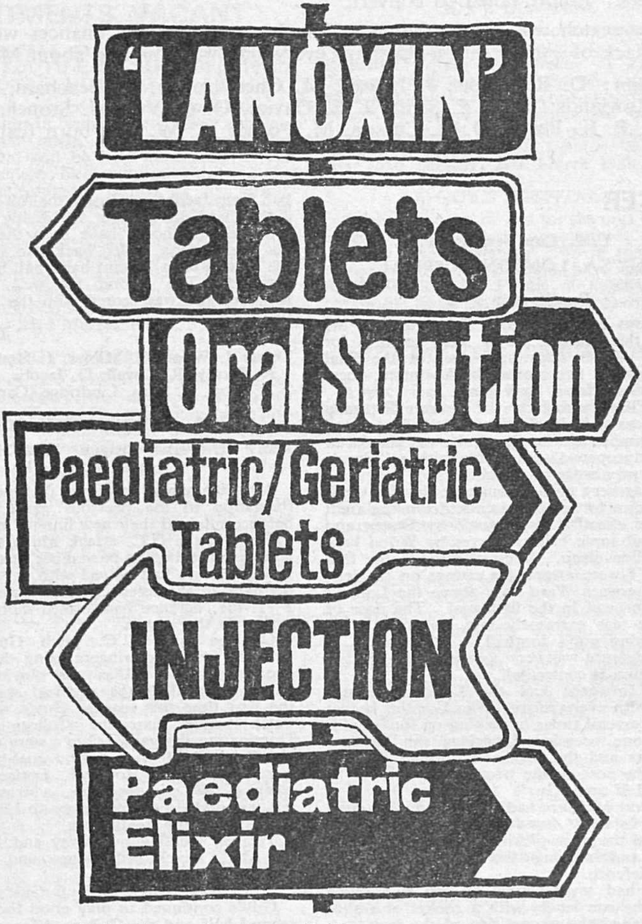
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second half followed a similar pattern with the threequarters tending to run across the field. The back-row trio continued to get to the loose ball long before their opponents. However, although there were several near misses, no actual tries were scored. Elliott then kicked a penalty from 35 yards.

The O.A.'s who had been defending extremely well suddenly burst into attack and a short grub-kick eluded the Guy's defence and resulted in a try under the posts, which was converted.

With 10 minutes to go, Guy's were penalised for a line-out "offence" which seemed perfectly legal to everyone except the referee. The O.A.'s kicked this to make the scores level.

Guy's immediately retaliated and Elliott kicked a penalty from in front of the posts after Swift had been obstructed. In the dying minutes, Novak scored his second try after Rowlands had put a short kick over the oncoming defenders. Elliott failed to convert.

The match was disappointing mainly because so many chances were missed due to lack of concentration—perhaps everybody was thinking about March 13th.

Team: D. R. Elliott; J. Novak, M. Cheesbrough, R. Beacham; J. Shutes, B. J. Rowlands; P. G. F. Swift, J. E. Davies, G. C. Voss, J. Stoneham, C. G. Neville, P. K. Peace, D. A. Curson, M. Forbes, C. W. Thorburn (capt.).

SOCCER

U.H. Cup Semi-Final

GUY'S v. LONDON HOSPITAL

At Cobham Sat. 2nd March

Result: won 3—2

With two draws and one defeat against the London this season, Guy's were looking for revenge. These sides have met in the final in the previous two seasons both winning once; so all was set for a hard game.

With Elias making one of his rare Saturday appearances at inside forward, Lindridge moved to the number eleven spot. It was the latter who nearly opened the scoring with a "bicycle kick" from a cross by Jacobs.

Play was very even throughout the first half The London looked dangerous down the right wing, but effective "stopping" by Davey and Lovell and some brilliant saves by Wood kept the scoreline clean. Midway through the first half Guy's were awarded a corner on the left, from the corner Ward rose above the London defence to head in the first goal. The pace of the game was extremely fast and both sides were playing good football.

Guy's defence was very competent and Davey was effective at centre-half.

Guy's forwards had the London defence worried with every move. The London keeper hesitated several times in picking up loose balls, and on one occasion Lindridge ran between the keeper and the full-back only to find his shot hit the post on the wrong side.

Half-time Guy's 1 London 0

Until now McClure had been reasonably quiet at inside forward, however in the second half he roamed the pitch picking up passes from the defence and moving the ball through the London defence.

Jacobs had several runs on the right wing and on one run let fly with a rocket of a shot which scraped the wrong side of the post.

McClure increased the score with a gem of a goal from the left wing, Elias took a short corner, looking for the return pass from McClure, who instead turned round the full-back and from an impossible angle on the bye-line put the ball into the top far corner of the goal.

Five minutes later McClure struck again, this time on the right. He ran on to a through ball from Jacobs, cut inside the full-back and hit a low hard drive under the diving goalkeeper.

Three—nil should have been the final score but the London pulled back two simple goals, the first after a blatant hand ball by a London forward. The second followed a defensive mistake, and was scored with the last kick of the game.

D. Lindridge

Team: J. Wood; S. Milnes, I. Nash; S. Poole, R. Davey; R. Lovell; D. Jacobs, I. McClure, ?. Ward, E. Elias, Lindridge (Capt.).

GUY'S v. UNIVERSITY COLLEGE

Away University League Wed. 21st February

Result: won 3—1

After the partial success of their new defensive formation in the previous game, the Guy's defence retained their new line up in an attempt to contain the U.C. attack which scored seven goals against them in November's game. Against L.S.E., Guy's had played with a "sweeper" at the back of the defence, and although defeated. 3—1, the defence had looked more solid than earlier in the season.

On the large U.C. pitch Guy's opened strongly, with the wingers using the spaces to good advantage. Elias was playing a terrific game, controlling the midfield well and, for the first time this season, Guy's were looking much better than the College opposition. Dominating the game, Guy's were unlucky not to take the lead when a good goal by Lindridge was disallowed. However, justice was done when a few minutes later, a cross from the left was nodded on by Jacobs to Lindridge who headed past the goalkeeper.

Tigerish tackling by Davey and Milnes gave the U.C. attack little scope and Wood was never really troubled.

Half Time: U.C. 0 Guy's 1

Guy's continued to play good football in the second half and the College defence was struggling to contain the lively Hospital forwards. McClure, in dazzling form, went close to scoring and Lindridge missed a good chance, both from clever approaches to goal.

After 15 minutes of the second half, Guy's went further ahead when Lindridge robbed the centre-half and broke quickly up the left wing, before crossing to Jacobs who made no mistake in scoring. Now playing with great confidence, Guy's made the score 3—0 through Jacobs who viciously slammed the ball home after a Lindridge header had hit the bar. With seconds to go, U.C. made it 3—1 in a breakaway attack.

In collecting their first University League points of the season, Guy's gave a very impressive performance. Every player is to be congratulated on this fine victory, easily Guy's best display this season.

Team: J. Wood, S. Milnes, I. Nash, S. Poole, R. Davey, R. Lovell, D. Jacobs, I. McClure, D. Lindridge (Capt.), E. Elias, G. Farber.

R. Lovell

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, MAUDSLEY HOSPITAL, AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for appointment as **Senior Registrar** in Neurosurgery. The appointment will be made jointly by the bodies concerned and will be held alternately at the Guy's - Maudsley Neurosurgical Unit and the Regional Neurosurgery Centre at the Brook Hospital. The appointment will commence in June 1968, and will be subject to annual renewal. Applicants should have had Registrar experience in Neurosurgery and should have a higher surgical qualification. Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5. for form of application, returnable by **23rd March, 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in Surgery with duties to commence 1st May 1968. Forms of application are obtainable from the Superintendent and should be returned not later than **23rd March 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in Diagnostic Radiology, with duties to commence as soon as possible. Applicants should hold the D.M.R.D. and a higher medical or surgical qualification would be an advantage. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **22nd March 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in the Department of Psychological Medicine, primarily at St. Olave's Hospital, with duties also at New Cross and Guy's Hospitals. This appointment provides opportunities for clinical training, research and study for higher examinations. Previous experience in medicine and psychiatry is desirable. The appointment may be resident or non-resident; duties to commence as soon as possible. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1. not later than **31st March 1968.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology, with duties from 1st October 1968. Appointment for one year in the first instance. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **30th March 1968.**

GUY'S HOSPITAL

Applications are invited from registered dental *practitioners for the appointment of* **Temporary Registrar** in the Department of Preventive Dentistry with attendance on two sessions per week and duties to commence as soon as possible. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Tuesday, 26th March 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **Junior Surgical Registrar** with appointment from 1st April to 30th September 1968 in the first instance. Applicants should have passed the Primary F.R.C.S. Forms of application are obtainable from the Superintendent and should be returned by **23rd March 1968.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited from medical graduates for the post of **Lecturer** (or **Junior Lecturer**) in the Bacteriology Department, with duties to commence as soon as possible. Salary in the range £1,470 to £2,820 per annum, according to qualifications and experience, with superannuation. Forms of application are obtainable from the Dean, and should be returned not later than **31st March 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **S.H.O.** in Clinical Pathology, with appointment from 1st April, or as soon as possible thereafter. Subject to satisfactory service the successful applicant will be reappointed as Registrar for a further period of two years. Forms of application are obtainable from the Superintendent, Guy's Hospital, S.E.1, and should be returned not later than **29th March, 1968.**

PERSONAL

HOLIDAY FLAT EXMOUTH—Overlooking sea, sleep six, all modern amenities, recently redecorated and furnished. Available May, June, July and September. Mrs. Laird, Tel: 01-467 3550.

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CHANGES OF ADDRESS

Dr. and Mrs. J. H. Bailey, Manor House, Ancaster Avenue, Lincoln. Tel: 22898.

Mr. R. D. Baker wishes to notify that from now the practice is moving to 7 Terrace Road, Maidstone. (The practice of the late Mr. A. F. Edmonds). Tel: Maidstone 53140.

Mr. J. G. Brice, F.R.C.S., "Acorn", Oaklands Way, Bassett, Southampton.

Dr. John and Juliet Boyd 26, Albert Road, Penge, London, S.E.20. Tel: 01-778 9964

Miss M. Fairly (from March 30th) Mrs C. C. Penny, 170, Queen's Gate, Kensington, S.W.7.

Dr. R. C. Jennings, "Barthomley", Catherine Road, Bowdon, Altrincham, Cheshire. Tel: ALTrincham 3961.

Dr. J. R. Mansfield, 12, Chalmers Road, Banstead, Surrey.

Dr. J. Payan, EEG-EMG Laboratorium, Rigshospitalet Tagensvet, Tagensvej 18, København N., Denmark.

Dr. and Mrs. M. D. Steyn, Flat 2, Queen Alexandra Hospital, Cosham, Portsmouth. Tel: Cosham 79451, ext. 110.

BIRTHS

MANSIE—On 1st March, 1968, at the British *Military Hospital*, Singapore, to Sue (née Talent) and Duncan Mansie, of 11, Lewis Road, Singapore, 10. Twins, sister and brother for James and Andrew.

PAYAN—On 22nd February, 1968, to Dr. and Mrs. J. Payan, in Victoria Ward, a daughter, Stephanie Margrethe.

DEATHS

MILLIGAN—On 5th February, 1968, Henry Milligan, L.D.S.R.C.S. Eng., of 97, Northdown Park Road, Cliftonville, Kent.

WILLIAMS—On 26th January, 1968, Ronald Morgan Williams, M.B B.S. Lond., suddenly at his home, 20, Whitehall Road, Uxbridge, Middlesex, aged 64 years.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT J. G. PAYNE
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2079

The opinions expressed in these columns are soley those of their authors and are not to be *taken as the views of the Hospital as a whole.*

PASSIM

20th Century Teaching

When television was first developed in the middle thirties by John Logan Baird, few people must have realized the extent to which this medium of public communication would influence and come a part of people's lives. Today billions of man-hours are spent watching "the box", open-mouthed and speechless man appears to becoming a receptacle through whose eyes everything and anything can be bunged. However, it is only comparatively recently that educators have come to appreciate the tremendous potential that television has to offer in the instruction of both the young and the old.

Today, national television has numerous programmes in which with the use of demonstrations and experiments much enhanced by the close-ups which so improved the teaching over that in the classroom, has brought many fascinating things into the homes of millions.

Guy's, for some years, has been keenly interested in the use of this method of teaching for its undergraduate students. In addition, its application for diagnostic purposes has not gone unnoticed.

In this issue of the *Gazette,* we begin a series of six articles on the methods, function and future of visual aids in education, in particular at Guy's. The first of these is written by Professor Merrill, Director of Communications Research and Teaching at the University of California, who is at present on a Fulbright Fellowship at Guy's, in the Department of Anatomy developing and experimenting the use of internal tele-communications for instructional purposes.

The following five articles will come from the Departments of Radiology, Child Psychiatry, Medical Illustration and the Dental School. Professor Foxon, of the Biology Department, who is Chairman of the University of London's Committee on Visual Aids, will provide the final article on the more wider aspects of these methods and their place in educational techniques.

Student's Club Crisis of Ignorance

From the report of the A.G.M. of the Students' Club on page 184 of this issue it is clear that not enough Students are sufficiently interested in the activities of the Student Club Council even to vote for a representative on the Council.

There would appear to be three reasons for a Student, once he has received his ballot paper, not voting: (1) Ignorance of when and where to vote; (2) a dislike of the candidates nominated in his group; and (3) a total ignorance of what the Students' Club Council does and how it works.

By removing the third reason, by informing the Students and giving more publicity to the Council, it is hoped that the other two reasons will also disappear. Increased interest in the Council's activities should stimulate the Student to find out when and where to vote, and to nominate his own, more favoured candidate.

Before Mr. Beard's emergency measure was adopted by the Students at the A.G.M., there were two ways open to the Council to publicise its work. The first, complete closure of the Club premises and all activities under the Council's control, has been narrowly prevented. The second, Propaganda, remains.

First then: What is the Students' Club Council?

The Student's Club Council comprises six Trustees appointed by the Medical School Council, four members nominated by the Junior Staff Committee, and TWENTY-ONE representatives of the Students. From the Junior Staff Committee the STUDENTS elect a Senior President, a Senior Treasurer and a Senior Secretary. From the Student representatives the STUDENTS elect a Student President, Secretary and Treasurer.

The Council acts, on behalf of the Students, through Sub-Committees, and through its appointed representatives on other bodies in the Hospital (The Clubs' Union, The College Catering Co., etc.). Its function is to administer the premises of the Students' Club, to provide for the representation of the opinions of Students on the Presidents' Council of U.L.U., and other Official Student Organisations outside the Hospital, and to encourage and promote cultural and social activities.*

Secondly: What does the Council do?

The threat of closure has passed but it might be interesting to list just what would have happened.

The bar would have been closed. There would have been no papers or magazines in the reading room. The Television would have been removed. The Billiards room and the Table-Tennis room would have ben closed. There would have been no Hops (don't forget that this closure could, constitutionally, have been for ONE YEAR), Inflams or Films. The Book Exchange would have been closed and the East Wing Telephones shut down.

These, then, would have been the obvious and immediate effects of closure of the Students' Club and its Council. There would, however, have been several less obvious but, in the long run, more damaging effects. Loss of contact between Students and the Medical School Authorities, loss of representation on, and grant from the Clubs' Union, loss of control of the East Wing, leaving no protection against summary action by higher Authorities, and loss of Student representation in any plans for the future, either inside the Hospital or outside.

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*See Guy's Hospital Clubs' Union Handbook, page 81.

Thirdly: What has the Council done recently that has affected the Students in general?

In the last two years there have been two major crises that have been dealt with by the Council, and a whole host of smaller ones.

The first major problem was the Bar. For some years, behaviour in the Bar had been deteriorating and there had been questions about the abuse of our Club licence. It was only by proposing a voluntary closure of the Bar for one month and applying a stricter control of the bar that the then Council was able to avert an official closure for between six months and a year. These control are now supervised by the Council at Hops and Inflams and a barman has been appointed *by the Council.*

Then there was a threat to stop all Hops and Inflams as a result of repeated complaints from various sources. This threat has been averted by the Council's imposing a more rigid control of these events, by limiting the number attending Hops and checking their cards, by limiting the qualifications for entry to Inflams and finishing them two and a half hours earlier. All this was decided upon *by the Council.*

In this last year a brief look through the Minute book shows just what does get discussed and done. The barman has been appointed, bands have been provided at Hops at a reasonable price and standard, Inflams have been put on a sound financial basis, the Bar has been revolutionised with new beer, cheaper lemonade, cider, and so on. Films have been introduced for the Students, the billiard tables have been re-covered and missing (believed stolen) billiard balls and cues have been replaced. The Snowflake Ball was run by members of the Council. The Book Exchange has been well run. Inflams have continued. The Rugby Final rag partly financed. St. Christopher's has been redecorated partly due to the actions of the Student President and the Hostel representative on the Council. Hardly a day goes by without the Student President consulting with or being consulted by the Dean or the Medical School Office or the Senior President on some point of the running of the Club, its premises, or the behaviour of its members.

All this activity—and what is shown here is by no means all that goes on—is for the direct benefit of the Students. All they are asked to do is, once a year, put their name and the appropriate number of crosses on a piece of paper to show their interest in and support for the Students' Club Council. This time they, most of them, didn't do it. No blame can be apportioned, but it is important that it is realised how close the Students' Club came to being closed down.

There will be another opportunity to vote in nine weeks. The Students MUST take it or lose their Club.

Grand Slam Missed

The "Jean-Claude Killy" spirit dwindled as Guy's sat poised for the Grand Slam. As the mass of Student support—rare on most occasions—gathered for the finals of the U.H. Hockey Cup, University League Hockey Cup, U.H. Rugby Cup and U.H. Soccer Cup, their exuberance was drained to a low ebb as each cup eluded Guy's. Alas we stand holding the wooden spoon.

In each, Guy's thought and played constructively. The Hockey Club rose to their talented opposition and were unfortunate not to be rewarded. The Soccer Club were defeated by a goal in extra time and the Rugby Club, favourites by most, were determined to win by playing attractive Rugby. Achieving the latter they were unable to claim victory being stopped by a faultless London defence. But public morale for Hospital Rugby was raised.

However, honours were taken in the traditional Rag at Richmond. The Rag and associated pre-final festivities were executed with the precision of a military operation that reflected the inherited national spirit that maintains Britain as an island. Our pre-match gift to The London of a vintage car, majestically adorned in blue and gold, minus wheels, was ungraciously returned with accompanying expenses for towing, cleaning of the towing van and its occupants.

At Richmond the heirarchy gazed horrified upon the white haze of plaster with memories of falling walls, fractured pelvises and damaged Rolls, while the Tulip Tree mockingly shone with its new coat of many colours.

The Churn, religiously chained to the strength of the Rugby Club—the 2nd XV—returned triumphantly to Guy's, along with the captured London Mascot, an uninspiring portable bus-stop.

Sparingly we may be consoled by the Junior Hockey XI and the Rugby Junior XV who, by winning respectively the Juniors Cups, have helped at least to refurnish the cabinet in the South Common Room.

Wilks and Bright to Close

Not to be outdone by the surgeons and their Cornelius, the physicians are to have their Wilks, half of which is to be refurbished as a medical intensive care unit. With Bright, these two wards are to be closed for three-and-a-half months from the middle of April. Both Bright and half of Wilks will be improved for the use of ordinary patients.

For this purpose, while the wards are closed, the Baker/Houston—Kauntze/Joiner firms will amalgamate and will have their female beds at Guy's and male beds at New Cross Hospital. No students will be attached officially to the combined firm but they may "volunteer to help with the take-in". From April onwards the medical firms will transfer to a seven-day take-in.

We hope that the Consultants concerned will continue to hold teaching rounds at Guy's and that students will be informed when these will take place so that the opportunity for students to be taught by different Consultants will not be lost.

We will miss the old, but look forward to the new.

GUY'S DIARY

APRIL

2nd	T.	1.00 Clinical Lecture. Dr. P. H. ADDISON (Medical Defence Union) "Professional Negligence."
4th	Th.	1.00 Clinical Lecture. Mr. SHAHEEN. "Acute Otitis Media."
5th	F.	5th Floor, Hunt's House. Dr. KNIGHT. "Films."
		PRIZES
11th	Th.	Entries close for the Golding-Bird Gold Medal and Scholarship in Obstetrics and Gynaecology.

OBITUARY

Alan Bullerd, who died suddenly on March 1st, was a Guy's man who had many friends. As a student he showed great proficiency in conservative dentistry. This promise he maintained, having a private practice of very high standard in the West End of London. He gave himself unsparingly to the interests of the B.D.A. and was Honorary Secretary and later President of the Metropolitan Branch and a member of the Representative Board for nearly twenty years. He was a straightforward competent man who richly deserved several years of retirement, which he enjoyed in his native Devon.

F.N.D.

AUDIO-VISUAL AIDS

1. Television Presentation at Guy's

— An additional Technique of Instruction —

by

Irving R. Merrill

For many years practical classwork in embryology for 2nd M.B. students at Guy's has consisted chiefly of the examination of histological preparations and wax models. However, it was felt that the students might benefit more from an actual laboratory project involving a 48-hour chick embryo. By the end of the project, every student would be expected to be able to remove the embryo from an egg without assistance, place it on a well-slide for microscopic examination, and name and identify, when requested, some of the major features of a vertebrate embryo, including optic primordia, pharyngeal arches and clefts, somites, vitelline vessels, and the forebrain vesicle.

The project was carried out for the first time during the Winter Term, 1967, and television was used for the first 20 minutes of the laboratory period. Murray Brookes, D.M., Reader in Anatomy, demonstrated how to separate the embryo from the yolk and showed the class the circulation of the blood through the vitelline system and the action of the embryonic heart itself. Four viewing monitors were moved into the laboratory, along with two cameras, so that each of the 63 students saw the action of the heart while seated at his own laboratory space. Observation of student performance suggests, according to Dr. Brookes, that when compared with the former technique, the new project resulted in much greater learning within the same amount of time.

Television is not new to Guy's Hospital; it has been used for clinical purposes with an image intensifier in the Department of Diagnostic Radiology since April, 1961, with the subsequent addition of five other units and videotape recorder (added November, 1963). It has been used for clinical research in psychiatric therapy since December, 1965, when a fixed system was installed in the Bloomfield Clinic of the Department of Child Psychiatry. It is not new to Guy's Hospital Dental School, where a single camera and monitor in the Department of Dental Prosthetics and Mechanics have been in use since March, 1963. However, Dr. Brookes' presentation at 11 a.m. on Thursday, 19th October, 1967, was the first activity involving equipment which is expected to become a permanent installation within the School of Medicine.

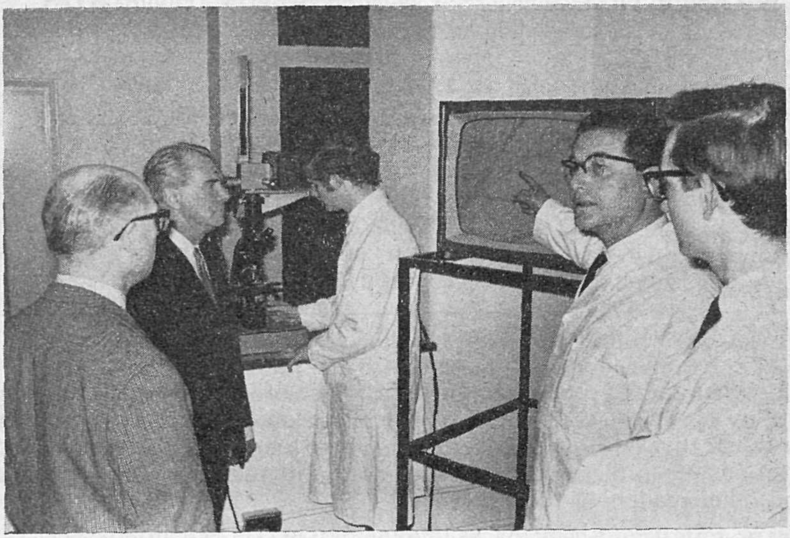


Figure 1. Presentation of living chick embryo as repeated in television studio on January 29th for V.P. Elyutin, Minister of Higher and Secondary Specialized Education, U.S.S.R. (not shown). E. G. Latimer-Sayer, B.Sc., Student in Anatomy, has just placed specimen under microscope and Murray Brookes indicates vascular bed on monitor to Professor Warwick and guests.

The favourable response on the part of Dr. Brookes and his students might have been predicted in advance, because his instruction included certain essential elements of any successful television presentation: a well-defined objective[1], proper use of a special capability of the television system, and provision for a relevant response on the part of the students immediately after viewing. During the term, a total of nine members of the faculty of the Schools of Medicine and Dentistry were responsible for 10 presentations involving 7 hours of television-teaching or a total of 372 student-hours of televised instruction. A summary of this activity is given on the following page. The general attitude of these faculty members seems to be that television has passed the novelty stage. They look upon it as a teaching device which can be extremely effective in a number of specific situations. As a consequence, they are quietly adopting this additional technique, provided simpler ones, such as slide presentation, do not serve as well.

TABLE 1

Faculty Members Participating in Televised Instruction, Winter Term, 1967

Medical School	*Dental School*
L. H. Bannister, Ph.D.	R. D. Gain, L.D.S.
Murray Brookes, D.M.	B. D. Glynn, B.D.S.
G. E. H. Foxon, M.A.	D. London, L.D.S.
J. W. Osborn, Ph.D.	A. G. L. Payne, B.D.S.
	R. A. W. Wakeley, B.D.S.

TABLE 2

Presentations, Hours of Televised Teaching, and Student/Hours of Televised Instruction, Winter Term, 1967

	Medical School.			Dental School.			Total		
	No.	Hrs.	Stu/ Hrs.	No.	Hrs.	Stu/ Hrs.	No.	Hrs.	Stu/ Hrs.
One Camera	—	—	—	3	2.5	187	3	2.5	187
Two Camera	4	2.0	95	3	2.5	90	7	4.5	185
Playback	—	—	—	—	—	—	—	—	—
Total	4	2.0	95	6	5.0	277	10	7.0	372

What are the procedures for faculty use of instructional television at Guy's? What capabilities of the television system make teaching more effective? How did the television system come into being? A brief answer to these questions may be of interest to faculty, students, and other readers of the *Gazette*.

Procedure for Faculty Use

The procedures for use of television have been designed for the convenience of the faculty. For example, terminology is consistent with that of other teaching techniques. No teacher wants to put on a *programme* for his students, much less a *show*! The faculty members seem to prefer the term *television presentation*, because it is more precise. The television presentation thus takes its place beside the lecture presentation, the demonstration experiment, and ward rounds as an additional technique of instruction.

Feasibility tests precede regular usage of television. No instructor wishes to get involved with television until he is quite satisfied that the system will display precisely what he wants the student to see or do. The first step for the careful instructor is to schedule a technical feasibility test with Mr. Tony Finch, ext. 547. Normally, he will bring an object, a patient, or a procedure to the closed-circuit television studio for a private session before the cameras. Frequently he will bring along several colleagues whose advice he respects. Together with Mr. Finch they will work out an effective means of display. If the system cannot be adjusted to do what the instructor feels is necessary for effective teaching, the matter ends at this point. If the instructor and his colleagues agree that the televised presentation is an improvement over alternative techniques, then the next stage is to involve the students.

A number of the faculty members refer to the first television presentation to students as the instructional feasibility test. They invite student comment upon the effectiveness of the instruction. This lifts from the teacher the onus of doing a perfect presentation the first time round, and frequently results in constructive suggestions for improving the presentation. The teacher may call a halt at this point, if he wishes, although this choice is seldom indicated.

If feasibility tests are conducted, the teacher begins regular use of television with favourable comments from colleagues and students, and the necessary amount of practical experience to justify his decision. Such a teacher can hardly be accused of headstrong enthusiasm in pursuit of one more novelty.

As the teacher gains experience, the procedures for preparation become more simplified. Any faculty member who wishes the instructional feasibility test to be an honest comparison with the technique he formerly used will quite probably request a careful *rehearsal* of the complete presentation. In this way he can proceed with something like the confidence he feels when using conventional techniques of instruction. Such requests are always welcomed at the studio.

An experienced television teacher may not require a complete rehearsal. He may call for a *camera checkout,* and work through only those portions of the presentation which present technical difficulties. This should be done well in advance of the date of presentation. In most instances the camera checkout can be done privately, preceding or following some other presentation which requires similar equipment.

The irreducible acceptable amount of advance preparation is the *run-down sheet,* which lists the images in the sequence in which the students are to view them. The teacher should do this even if he intends to operate a single camera by himself. It is obviously necessary if two or more cameras and the television crew are involved. All members of the team should know in advance the purpose of the venture and the steps by which it is to be accomplished.

Television System Instructional Capabilities

As a teaching device, television has six remarkable capabilities for improving instruction, and Guy's faculty members have intuitively made use of them to the maximum extent possible. The first capability to be applied was *image magnification,* which was required for the chick embryo if the presentation of the action of the heart and circulatory system was to represent an improvement over previous techniques of teaching this subject.

The second capability of television to be used at Guy's was that of *image transportation,* the movement of an image from or to an otherwise inaccessible location for purposes of display. In this case the instructional objective called for the students in dental prosthetics to be able to recognise various types of cleft palate and the corresponding prosthetics device for restoring, in so far as possible, the normal functions of speaking, eating, and swallowing. Four patients, each from a different part of London, were assembled at the studio.

In order to accomplish the objective of instruction, it was necessary to show each patient in conversation with A. G. L. Payne, B.D.S., Lecturer in Prosthetics, to show the face of each patient, and to show each palate itself. These different images, ranging from a medium shot to a tight close-up, called for the use of two cameras and a quality of lighting not possible to arrange within the Anatomy Lecture Theatre where the students were assembled. Therefore, the presentation was originated within the television studio and transported to the theatre via the permanently installed video and audio cables connecting the two areas.

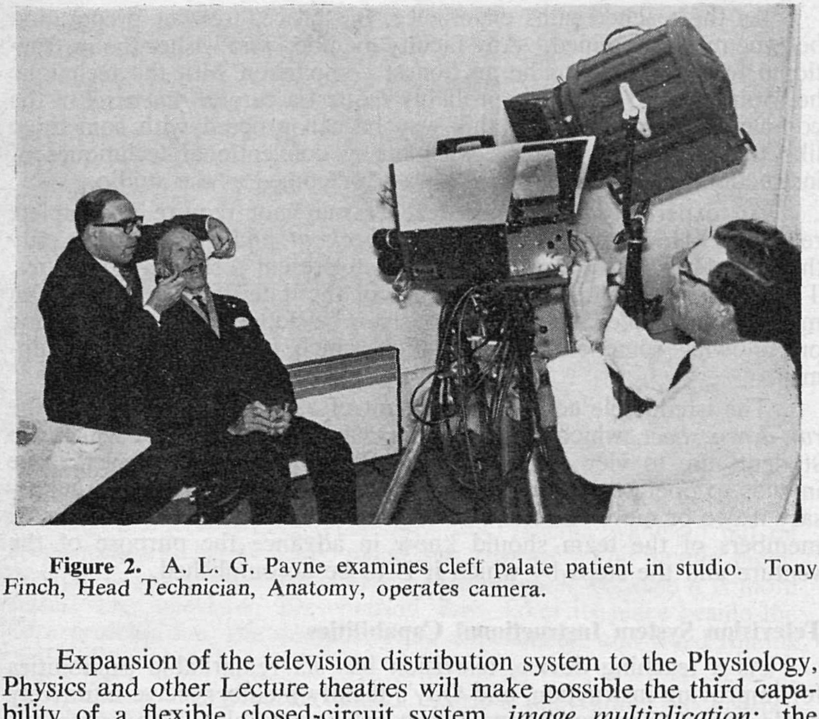


Figure 2. A. L. G. Payne examines cleft palate patient in studio. Tony Finch, Head Technician, Anatomy, operates camera.

Expansion of the television distribution system to the Physiology, Physics and other Lecture theatres will make possible the third capability of a flexible closed-circuit system, *image multiplication*: the simultaneous display of the same information at two or more physically separated locations. This capability would, for example, make it possible to present a lecture for the entire medical student body at the same time, despite the fact that no single theatre is large enough for this purpose. Image multiplication may well find its greatest use in the expanding programmes of continuing education at Guy's, which are attracting increasing numbers of medical and dental practitioners.

A television capability of great instructional potential is *image association*: the simultaneous display on a single viewing monitor of the signal from two or more live cameras. A striking example from pharmacology is the image of the exposed animal heart in fibrillation with the EGG tracing superimposed upon it. Such a technique is extremely effective because it embodies one of the basic principles of the psychology of learning.

A little-used capability of television is *image transformation*: the display of attributes of an object which would not be visible without special alteration of the electronic components of the television originating sub-system. Camera tubes are available which are sensitive to ultra-violet light, making possible immediate display of certain cell nuclei on a viewing monitor which would be invisible to someone looking through the finest microscope.

The final capability is *image memory*: the subsequent display of information originally obtained from a live television camera. It is possible to report that a small Ampex machine may soon be available on occasion for recording presentations, thanks to the initiative of G. F. Vaughan, M.B., B.S., F.R.C.P., D.P.M., Director of Dept. of Child Psychiatry, Bloomfield Clinic. In short, during the winter term the two system capabilities of image magnification and image transportation were used extensively. The remaining four cannot be employed until additional equipment is obtained. Image multiplication: additional distribution mains; image association; a vision mixer and synchronising pulse generator, image transformation: ultra-violet sensitive camera tube; image memory: a videotape recorder.

Steps in Development

Despite the need for additional equipment, it is important to note the contributions which have already made possible 372 student-hours of televised instruction. The Medical School has played an important role by making facilities available. It cleared the old technical staff canteen, converting it into a small studio and control room, including installation of electrical mains. It installed the channel for the video and audio mains running from the control room to the Anatomy Theatre. It installed hangers for the viewing monitors suspended in the rear of the Anatomy Theatre, and it is constructing a mobile television teaching desk to serve all members of the faculty as a self-operated single camera origination system. The co-operation of D. G. Bompas, Deputy Secretary, has been most valuable on all of these projects.

The Marconi Company has graciously contributed the following equipment on indefinite loan: two vidicon cameras, one with view-finder, along with appropriate pan and tilt heads, tripods, and dolly; six viewing receivers with 21in. picture tube; a video distribution amplifier; video switching and audio equipment; and a supply of audio and video mains cable. Picture quality is suitable and the equipment has proved to be dependable throughout the period of use. The action of the Medical School in providing space and facilities no doubt indicated to the Marconi Company the serious interest of the faculty, and the generous and enlightened response of Marconi deserves special note.

The Department of Anatomy is serving as the administrative home for the television facility. This development might be expected, because Professor Roger Warwick capped almost a decade of interest in television as a teaching device by encouraging and soliciting activity by the Medical School and by the Marconi Company. Mr. Anthony Finch, Head Technician of the Department of Anatomy, has assumed responsibility for the operation and maintenance of the equipment. In this regard, the assistance of Mr. J. Rytena, of the Department of Medical Photography, Mr. W. Hurt, of the Department of Dental Photography, and the Guy's Hospital Physics Department (instrumentation) deserve grateful acknowledgement.

Anatomy Department funds have been used to purchase stands and dollies for the mobile viewing receivers, accessories for the improved use of television microscopy, additional audio and video mains cable, and tools. Purchase of an additional camera from funds available to the department was authorised at the close of the Winter Term.

Plans for the facility include the creation of a multi-purpose instructional television unit. It will be mobile, so that it can be used in the studio, in the laboratory, or in the clinic and ward by any faculty member of the Schools of Medicine and Dentistry. It will be flexible, ranging from single-camera equipment for self-operation to a multiple-camera system involving several members of the faculty and the television staff. It will be of high technical quality, permitting application to the widest possible range of instructional objectives.

In reviewing the events of the Winter Term, one is left with three impressions, each of them favourable. First, the spirit of sharing and co-operation, which permits any department to schedule use of the facility on a first-come-first-served basis. This is a heritage of the policy initiated at the Bloomfield Clinic. Second, a system designed for economy, resulting from good equipment in constant use. Third, and most important, faculty use on a regular basis to achieve a limited number of instructional objectives. This signifies recognition that television provides an additional technique for improving instruction —not a replacement for other effective techniques.

References

(1) Mager, R. F., Preparing Objectives for Programmed Instruction. San Francisco. Fearon, 1962.

(2) Merrill, I. R., Journal of Medical Education, 1963, **4**, 330.

Augmentation Mammaplasty

by

Patrick W. Clarkson

The correction of the flat chest has been a surgical challenge for many years indeed. But there are no absolute criteria of what constitutes the correct beauty or size of the breasts. In history, the Venus de Milo is often liked, but she is now considered by many to be too small, "i.e. half a lemon half-way up the arm". There are, indeed, very wide differences in type and size of breast. These have largely been based upon Hollywood standards and also on current standards of models. Thus we range in size from the Hollywood ideal of Miss Jayne Mansfield, who to most English tastes was apparently so big as to be gross. Marylin Monroe, who was also a big girl, was undoubtedly a pretty girl and had pretty breasts, even though big by many standards. For many years the English model standard was a greyhound type and it may perhaps be so again with the public attention that is paid to Twiggy.

One must acknowledge the fact that some flat chested Orientals must, of course, be considered beautiful. In this we have to take into consideration the question of colour of skin—magnolia white—sharp pigmentation of highly sensitised nipples, i.e. brown or pink. One imagines that it is entirely possible to have a beautiful breast by Japanese standards without reference at all to shape or size. One imagines that the same is so for some Chinese and Vietnamese women with small breasts.

Experience of patients with this problem has increased greatly in recent years. Edgerton, *et al* (1964) have studied the psychological types of white patients with flat chests. These apparently all complain of a feeling of insufficiency and are similar in other respects. They tend to be Wasps. That is White, Anglo-Saxon Protestants. Often they are women with a high sense of responsibility and active in much social work, but they tend always to blame their absence of breast form at times on their marital crises.

MAMMAPLASTY

Mammaplasty today is either

(a) **Reduction Mammaplasty** which today is by

(i) Strombeck's planned pedicle reduction

OR

(ii) Thorek's free graft of the nipple method for the very grossly obese patients.

OR

(b) **Augmentation Mammaplasty.**

This almost inevitably means insertion of a foreign body.

AUGMENTATION MAMMAPLASTY

1. Paraffin Injections

We know that paraffin is generally harmful, causing fibrosis and infection and resulting in a poor breast shape which is often asymmetrical. But the fears that paraffin may cause a local malignancy are apparently quite unjustified.

2. Sponges

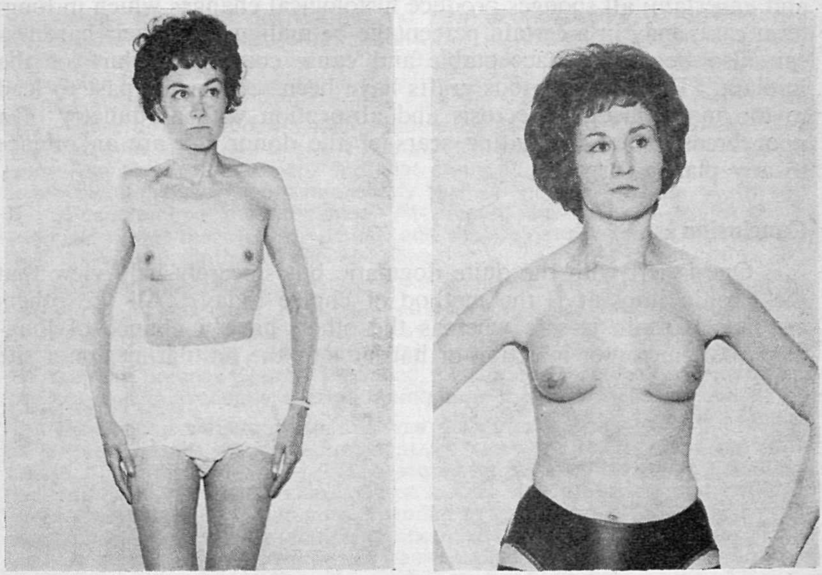
Hydrocarbon sponges—polyethelene, polyurethane and Ivalon—can make a very good breast shape, but they show a high incidence of infection and almost invariably there is some very disturbing hardness in the new breasts. This may be sufficient for the patient to demand their removal. Cuthbert Dukes, in a publication which elicited grave concern, pointed out that he was able to obtain in a high percentage of rodents a pre-malignant change in the tissues round Ivalon implants. These tissues were identical with those he found in the breast of a patient of mine. Thus they were undoubtedly pre-malignant, but no malignancy did occur. It must be stressed that many of these patients are in the young 20s or 30s and will remain as chonic irritants for 20–40 years by which time malignancies may or may not have occurred. The same objections, but to a less extent, can be raised against silicone sponges, which also attract a high incidence of infection and of curious histological changes.

Hoopes, Edgerton and Shelley state that in 40,000 implants, there have been six known malignancies, all carcinomata, most of them after sponges or fluid. (Hoopes, J. E., Edgerton, M.T. and Shelley, W.: Organic Synthetics for Augmentation Mammaplasty: Their Relation to Breast Cancer", Plast. & Recons. Surgery, P. 263 Vol. 39, No. 3. 1967.)

3. Cronin's Prosthesis

Cronin's Dimethyl Polysiloxane prostheses.

The situation as regards foreign bodies for the correction of the flat chest has been largely changed by the introduction of dimethyl polysiloxane in a silastic envelope by Cronin for his mammary prostheses. These are soft and relatively non-irritant. The breast remains soft to palpation but can commonly feel more tense than normal although many are entirely normal to palpation for many years. Cronin's implants are the foreign bodies of choice for the correction of the flat chest, but about one in 20 (5 per cent) is rejected. In my experience, *this almost invariably* follows a haematoma with increased tension in the wound which leads to partial or complete disruption. I believe that such haematomata should be evacuated promptly, and the cause be examined in the theatre under anaesthetic and care taken to obtain complete haemostasis.



Before **After**

A thin English girl with breast form restored by **Cronin's silastic prostheses.** Post-operative photographs show a good breast form and the pleasingly changed personality by increase in weight and breast form. The prostheses remain normally soft.

This patient pre-operatively said that she could not possibly repeat the things that her husband used to say to her before operation. This reaction is not uncommon.

4. Dermolipomatous Free Grafts from the Buttocks

Dermolipomatous Grafts are in many ways unsatisfactory because in these breasts there tends to be asymmetrical absorption from each graft. When put in by the Watson technique this absorption is less marked. But by whatever technique the scars of the donor sites can be mutilating. The writer remembers a composite slide of some 30 or more mutilated buttocks at a paper read by Mr. Marks, of Hollywood, at an I.C.S. Meeting in Bordeaux. As this disturbing slide, with its multiple mutilated buttocks was shown on the screen, there was a sharp intake of Gallic breath all round the room.

5. Fluid Injections

There has been recent attention in claims made for fluid silastic and other fluid injections for the treatment of hypomastia. Silastic fluid and other fluids tend to migrate and what starts off in one place may find itself quite far away. It is for this reason that I feel that one can say quite dogmatically that all fluid injections are temporary and uncertain; all sponges produce histological changes which in long-term cases may in a certain percentage be malignant. Their hardness can also be quite unacceptable and cause complete failure of the implant. Dermolipomatous grafts have been seen in the past to lead to too many cases of necrosis and absorption with asymmetry of a poor breast. The mutilating scars of the donor site are an offence to any plastic surgeon.

Conclusion

One is left with the quite dogmatic but sincerely held view that the Cronin implant is the method of choice today. All the others are out. Cronin is safe whereas the others have a chance of long-term malignancy or infection or hardness or the mutilating donor site scars.

References

Clarkson, P. W. Bilateral Paraffinoma of Breasts. *Guy's Hospital Gazette*, 9.1.65, p. 4.

Clarkson, P. W. Appearance, Cosmetic Surgery and Mental Health. *London Clinic Medical Journal,* Vol. 6., No. 2, July, 1965, p. 37.

Clarkson, P. W. and Jeffs, J. Modern Mammaplasty. *British Journal of Plastic Surgery,* Vol. XX, No. 3, July, 1967, p. 297.

Edgerton, T. D., Webb, W. L. Plastic and Reconstructive Surgery. 1964, 33, 503.

Slaughter, R., and Meyer, E.

STUDENTS' CLUB ANNUAL GENERAL MEETING

The Annual General Meeting of the Students' Club was held on Tuesday, March 19th, 1968, with the President, Mr. R. G. Beard, in the Chair. One hundred and two members were present. After the Minutes of the last meeting had been read, confirmed and signed, the election of the senior officers took place, Mr. R. G. Beard being elected President, Prof. R. D. Emsley Senior Treasurer, and Mr. S. A. R. Cooke Senior Secretary. The accounts of the Students' Club and of the bar, were received and passed.

Two important subjects were then discussed. The first concerned the election of student officers from student representatives on the Council. This business could not be completed, since in the recent ballot to elect twenty-one representatives, only five obtained sufficient votes. In the remaining sixteen groups less than the required third of the electorate had voted. The five elected are :—

First Year Dental: R. D. McLeod.
Second Year Dental: Miss H. Mayne, T. R. L. Gould.
Second Year Medical: Miss L. K. Hampson, D. I. F. Kelleher.

As the President pointed out, no new Council could be formed with incomplete Student representation, and this in turn implied that no Council would be available to administer the Students' Club premises. During the discussion which followed, some members suggested that the apathy shown by that major section of the student body who seemed unconcerned about the welfare of the Students' Club, should be countered by closing the East Wing premises. Others felt that this serious step would inconvenience the active members of the club, and that steps should be taken to publicise future elections even more intensively than in the past, hoping to increase enthusiasm among the students. At present the ballot is advertised in the East Wing, the Medical School and the Colonnade, and each member receives written notice of the elections.

In concluding this discussion, the President received the support of the meeting in suggesting (1) that the serious step of closing the club should be avoided on this occasion; (2) that the meeting be adjourned until the earliest possible date next term after further elections had taken place; (3) that the present Council be asked to continue in office until that time; and (4) that the recently elected members join the Council immediately.

The second subject discussed was the proposed change in the method of election of the Student President from among the student representatives. This election at the A.G.M. would be replaced by a ballot involving the total student membership. Since it was also proposed that one-third of the student body must vote in order to make the elections valid, the meeting felt that further decisions should be delayed until the results of the next representatives' ballot had been studied with regard to the numbers voting.

The meeting then adjourned.

S. A. R. COOKE,
(Senior Secretary).

OBITER DICTA

I am informed by a candidate in the recent Part I Preliminary Staff Nursing Examination that:—

"The bladder is lined by 'transcendental' epithelium."

Criticism

THEATRE CLUB

THREE PLAYS

The Theatre Club's latest offering was a trio of contrasted one-act plays, an admirable idea giving three members of the club the chance to produce, and catering for the varied tastes of the audience.

Chekhov's **The Bear** opened the evening. After a slow start it came to life with the entrance of Smirnov, a bravura part which Christopher Mann exploited to the full. Playing opposite him in the part of the sorrowing widow, Elizabeth Macfarlane gave a sympathetic study. The sudden transition from soulful widowhood to the successful capture of her late husband's creditor, was quite convincing. Tony Perl completed the cast with a nice portrait of a near senile servant bewildered at the course of events. Playing a man many years older is not easy and Mr. Perl made his portrait credible. The slight feeling of woodenness which intruded periodically must, one feels, be blamed on the dialogue rather than the players. "Translator's English" is not the easiest medium in which to be natural.

Pinter's **Dumb Waiter** which followed, was a complete contrast. This "comedy of menace" is open to various interpretations. His pre-occupation with enclosed space at this period (e.g. **The Room, The Birthday Party**) inevitably invites Freudian interpretation, womb-symbolism, but others are possible. In the Dumb Waiter, as in the others of the period, the comfortable known world is threatened with intrusion from outside; something which introduces uncertainty into the familiar pattern. In this play the dumb waiter provides the intrusion. Gus and Ben's reaction is one of placation. Perhaps, they think, if they try to satisfy it, it will go away and leave them alone. Its demands became wilder and wilder until they have nothing else to offer. The menace is not the violent expression of force but quiet and the softer the threat the more the menace grows. The fact that Gus and Ben are themselves menacing both to an unknown outsider as well as to themselves is an ironic twist which Pinter introduces.

Richard Chiswell and Nick Longhurst are to be congratulated on their performances. They sustained the atmosphere of menace to the end but at the same time took full advantage of any possible laughs. This is a very narrow path to tread successfully but they managed it with full marks. So often with plays of this type characters appear to be merely symbols supplying a medium for the author's thoughts and little else. Both actors managed to infuse life and humanity into their parts and they could be believed to be flesh and blood persons. The fact that the events were symbolic and other-worldly cannot alter this. This was the best of the evening.

Jean Giraudoux's **The Apollo de Bellac** completed the evening and was an ideal foil to the Pinter. After the heavy symbolism it was a pleasure to relax into Giraudoux's mythological frolic. It certainly captivated the audience. It had the merit of providing members of the Club with an assortment of types to portray and they took advantage of it. The waiting room of the Patent Office for Prodigious and Petty Inventions in Paris is the obvious setting for improbable happenings and the fact that it was springtime indicated that Love would be well to the fore.

Patricia Benson's Agnes was a nice study of the designing female moving from the first innocent approach to the final "no holds barred" technique. This was well done. Robert Tudor-Williams, the victim of her schemes, gave a very competent performance as the director of the establishment. His portrayal of the thin man struggling for release from the fat man was nicely done and his cigar was usefully employed. The part of the Secretary invited overplaying and Andy Blinkhorn took the chance with both hands to the delight of the audience, who enjoyed every minute of it. Kevin Malone's Commissionaire was memorable for the cough which aroused the diagnostic instincts of the audience. Acting as Chorus, and general controller of destinies was Paul William's Apollo. He managed to get just the right amount of cynical detachment into the part.

A slight play but great fun and, to the cast, an obvious labour of love. Its infectious gaiety came across to the audience who obviously were delighted.

A special word of praise must go to Andrew Seal for his set design. The Physiology Theatre is a nightmare location for one set, let alone three. By means of a basic set ingeniously varied for the three plays, he gave a very effective setting for the evening. It was a successful set in that it was taken for granted; it did not intrude but conveyed the right atmosphere. When the range of scene and atmosphere represented by the three plays is considered this set was a credit to its designer.

All round, an excellent evening's entertainment. The Theatre Club rarely disappoints and this production was well up to standard.

Wm. Hill

ART SOCIETY

WINTER EXHIBITION

The Guy's Art Exhibition this year was probably the best the Hospital has seen. This applies both to the enormous number of entries and the large variety in style and technique displayed: in fact, so many were the entries, that sheer lack of space meant that many could not be hung. This is a particularly gratifying trend to see when the focus of attention tends to be on the sporting activities of the Hospital.

Previous exhibitions have tended to consist of work by a solid core of not more than half a dozen people, some of whom were so prolific that the exhibitions almost became one- or two-man shows.

The most notable feature was the great variety of technique, both in the actual treatment of subject matter and in the methods used. This year the oil paintings seemed distinctly thin on the ground compared with previous years, and instead the emphasis was on drawing. This is no regrettable sign, since drawing, however abstract, is the basis of a successful work, and is an indication of real appreciation and the artist's ability to transfer his emotion to the paper.

It is difficult to say why there has been this, apparently, sudden development in art here: whether it stems from students who have recently come to Guy's, or whether it is as the result of recent development of ability and technique amongst people who have exhibited in the past, it is hard to tell. Whatever may be the cause—if cause there be—the change is most encouraging.

In a year which has seen the rise and fall of the flower children; in which much has been written and spoken about L.S.D., pot and the rest of the junk, it was inevitable that psychedelia should appear in the exhibition.

Life drawings were more in evidence than previously, and these ranged from the supremely sensitive; through the somewhat stark to the grotesque, the latter smacking somewhat of Aubrey Beardsley's work.

Of special interest was a series of imaginative lithographs, a medium we have not seen before this exhibition. In addition there was pottery, sculpture in ciment fondu, and several examples of oils and water-colours.

It was heartening to see that entries came not only from medical and dental students, but from nurses, and staff in other departments. It is very much to be hoped that interest will grow in the hospital, and that future exhibitions will be as well supported as this year's has been.

P.T.

MUSIC CLUB

SPRING CONCERT

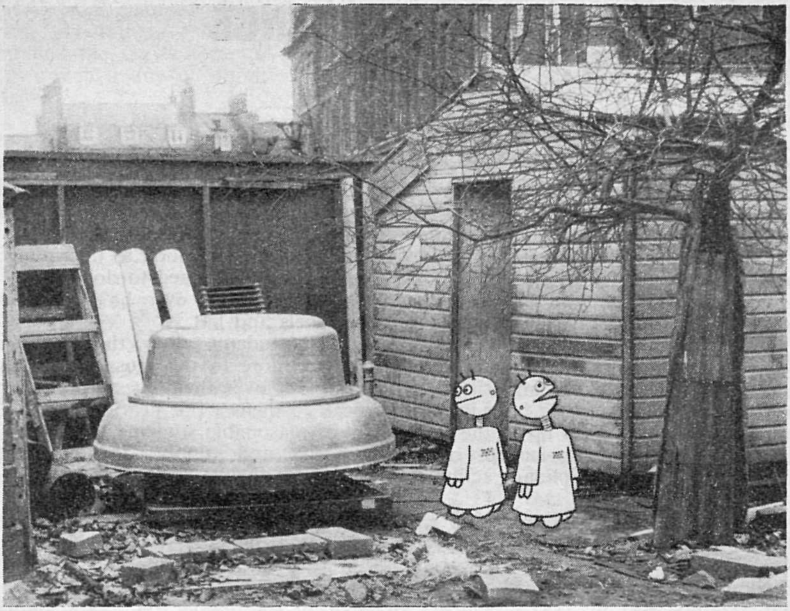
It is very disappointing to have to record that due to shear lack of support, the main item of the concert, Pilgrim's Journey, by Vaughan Williams, had to be cancelled within two weeks of performance. Numbers dwindled during rehearsals, and despite brave efforts by Nigel Winter to save the situation, it was decided not unwisely to drop the work. The Music Club was therefore faced with a programme only half-filled and with not much time in hand, but Mr. Robert Sells and his consort very kindly agreed to sing for us at such short notice.

The concert opened with two works for brass ensemble. The double choir Gabrielli was superb, although the second choir of instruments lacked the others' attack. A Sextet by Phillip Glass seemed rather detached, with poor part writing for the lower instruments. Alan Stocks then sang three Purcell songs of which "We sing to him" was the most successful. The devastatingly difficult "Lord, what is man?" had much feeling, although intonation was slightly shaky in parts—I do not think this was Dr. Stocks' fault—would it not have been better to use the chamber organ, for singing to a large wooflley organ in a resonant building is not ideal! "Evening Hymn" came off well with a good voice production, although tempos fluctuated and perhaps the good idea of the ground bass, rather louder than the accompaniment, was overdone. Very pleasant choral works followed—Mozart's "Ave Verum" and an arrangement of "Swing Low", directed by Mr. Winter—excellent diction here, especially from the tenors, but I feel that the chariot could have rolled a little faster. The first half was concluded by a crisp rendering of a Hurford Organ Suite, played by Robert Anderson, assisted by an announcer who read prologues as food for thought before each item. Mr. Anderson has great potentialities and I hope he will give some recitals in the future.

In the second half, Jennifer Kirby gave us an excellent account of the mysterious "Ave Maria", by Michael Head, but was a little unsteady in the Bach aria. Here the little organ was used, but I fear the organist used the rather dull Dulciana stop, whilst a baroque stopped diapason would have been better suited. However, Miss Kirby is another singer with a fabulous voice, and I hope to hear much more of her in the future. The concert concluded with a performance of Carissimi's Jephthah, given by Robert Sells and his group. Superb control here from Joy Strutt in the role of "Filia", whilst the bass, Nicholas Odom, sang his part with fantastic neatness. Mr. Sells showed us some splendid harpsichord playing, but undoubtedly most moving was the final chorus of lament, with beautiful interweaving of voices. This, surely, was the highlight of the concert and will remain in my mind for a very long time.

Apart from cancelling the Vaughan Williams, further disappointment came when performers had to face an audience which numbered a mere fifty. This is most disheartening as much time had been spent in producing a concert which deserved a far greater assembly. Next Christmas, we hope to perform something which will appeal to many so-called unmusical people, who really are capable of singing and enjoy doing so, after the preliminary effort of getting to the first practice. On looking through past reports, I see that a performance of Handel's "Messiah" in 1963, had a chorus of nearly 300, with an audience which packed Southwark. In 1967, the chorus numbered 30, with an audience of 150. I therefore take this opportunity to remind all music-lovers who would be interested in singing with the Music Club this coming Christmas, to watch out for notices concerning rehearsals, but above all, to act upon them.

Stephen Coles



"IT SEEMS TO BE THE ONLY WAY TO GET INTO THE PARK THESE DAYS!"

NOTICES

MAY BALL 1968

The Clubs' Union and the Residents are jointly organising a May Ball at the Hurlingham Club on Friday, May 10th.

This is being run to raise money to redecorate the Pavilion at Honor Oak Park.

Double tickets, £5 5s. 0d., from N. Irish and R. Carruthers (Residents); R. Clarck and M. Thomas (Clubs' Union).

British Dental Association Conference, Brighton, June 1968

Arrangements have been made for the Guy's Alumni Luncheon to be held on Wednesday, 19th June, 12.45 p.m. for 1 p.m., at the Hotel Metropole, Brighton.

The cost will be in the region of 25s. exclusive of wine and gratuities. I should be grateful if anyone wishing to attend would communicate with me as soon as possible.

I. A. NELSON
4, Rosehill Terrace,
Brighton.

CORRESPONDENCE

Payers and Protesters

SIR,—There are many of us "older taxpayers" who would agree with you wholeheartedly that students have the right, and one might add the duty, to discuss, argue, protest and generally make themselves heard on the political issues whether domestic, national or international.

Far from holding the settled society to be sacrosanct, we look to the younger generation to build a much better world than we have managed to do.

Personally, I can never understand why there should ever be any young conservatives, as one expects the young to be rebels and left.

What I, as a taxpayer, do object to is if students allow their political activities to interfere with their studies, but even more to the gross discourtesy and bad manners of the minority who throw paint over their guests or do not allow someone whom they have invited to speak to them a fair hearing.

I consider that it is up to the main body of reasonable students to deal with and discipline the ring-leaders of this minority and support the university authorities in any disciplinary action they may take against such.

Yours, etc.,

ROBERT W. STEPHENSON

Morningside,
Prestbury,
Cheltenham.

SIR,—You are right. Just because our society wishes to secure its own welfare by paying for the development of certain skills in a student, it does not buy his soul . . .

Or could we both be wrong? Should we creep like slaves or social insects along the path allotted to us by the divine wisdom of our political masters, unquestioning of their supremacy? And integrity?

Yours, etc.,

CHARLES STEER

27, Manorgate Road,
Kingston-Upon-Thames.

The Pedleys

SIR,—I thank you for publishing my letter in the February 2nd issue of the *Gazette*. I received many enquiries and my visit to London proved successful.

Your footnote to my letter referring to Newland-Pedley calls for a correction and an explanation which may be of interest to your readers.

Newland-Pedley never married and died at a ripe old age, I think it was in the late 30's. My father was S. Edward Pedley, who took his conjoint Medical at Guy's (before we had a dental school) and his L.D.S. at Charing Cross Hospital. Earlier back in the 1870's R. Dennison Pedley, F.R.C.S., L.D.S. (my uncle), was a contemporary in Medicine at Guy's with Newland-Pedley, a distant relative. R. Dennison Pedley was slightly senior to Newland. I believe they were not unlike in appearance. Both were individualists and outstanding academically. Flames of rivalry and antipathy developed fanned by their mutual annoyance that the posession of an uncommon name so far from giving a clearer identity merely served to have them constantly confused. R. Dennison Pedley insisted that he must be known as Dennison-Pedley. But Newland went one better and had his name changed by *deed poll* to Newland-Pedley and thenceforth and forever after his name appeared in the telephone directory under "N". In the 30's I recall there were seven Dental Pedley's (all close relatives) including myself in the London Telephone Directory.

Over a span of 100 years Guy's has included many Pedley's among its sons, my father, several uncles, cousins, and yours truly. Newland-Pedley founded the Guy's Hospital Dental School and his name is well known to all Guy's men, many of whom are the proud holders of the Newland-Pedley Gold Medal.

I noticed long years ago that the hyphenated "Newland-Pedley" disappeared from print and you yourselves do not use it. Old rivalrys have long since been forgotten but it is a relic of those far off days that we Pedleys have, like myself, always tended to identify ourselves by the use of a clear Christian name before the Pedley.

Yours, etc.,

DR. CLIFFORD PEDLEY

1410, Rand Central,
Jeppe Street,
Johannesburg, S.A.

Where have all the Bokkies gone?

SIR,—Today I have received the *Gazette* of February 3rd in which I see there is a letter by a Dental colleague—Dr. C. Pedley. For some years now I have been watching the lists of entries to both Dental and Medical Schools at the Hospital, and it is with dismay that I have seen the entries from South Africa dwindle away to nil.

When I entered Guy's at the beginning of 1949 there were about 40 South African Students—not to mention the three consultants on the staff—and one can't help feeling that, in some small way, we contributed to the wonderful fellowship that is Guy's. Are there no longer applications or are we "boycotted"? I too, would like to offer my services to anyone at Guy's who would like to enquire about any conditions of living or medical service in this country, and will endeavour to give suitable information.

To those of the same "vintage" who may remember me I send my kindest regards.

Yours etc.,

E. D. SONNENFELD

P.O. Box 125,
Nigel, Transvaal,
South Africa.

[Both the present and past Editor are South African—Eds.]

The Retirement of Miss Dorothy E. Tart

SIR,—As many of your readers will already know, Miss Tart retired from the post of Assistant Matron in Nuffield House on 27th February, 1968.

Miss Tart came to Guy's in October, 1931, and was appointed as a Sister in 1935. She held a variety of appointments within the midwifery and general field, including that of Assistant Matron in Charge of Nuffield House from 1962 until the date of her departure from Guy's.

Miss Tart's retirement brings the departure of yet another well-loved Guy's personality.

A suitable leather-bound book will be retained in the Matron's Office and those who would like to be connected with a farewell gesture to Miss Tart may sign their names and leave a donation. The book will be divided into three sections:

- Nursing Staff, Past and Present
- Medical Staff, Past and Present
- All Other Friends

In order that those who are abroad may not feel dissociated from this arrangement, I will welcome their signatures on suitable pieces of paper which will be affixed into the book. Cheques should be made payable to Guy's Hospital, and receipts will be dispatched without delay.

This opportunity will remain available until 31st May, 1968.

Yours, etc.,

ANNE M. JOHNSON

Guy's Hospital,
London, S.E.1.

Found while Excavating

SIR,—

It's Cheltenham air I'll swear:
That makes the Crescent Moon so bright.
Oh! Moon so Royal do wear;
A Milestone round your neck tonight
And float like a star-shell to the ground;
To put my Colon right.

Yours, etc.,

B. WOTTON

Frangipani,
Roman Road,
Bleadon,
Somerset.

Food for Thought

SIR,—I enjoyed reading your entertaining account of the sausage-eating championships, held at Guy's on 16th February, 1968.

I am sure your readers would also wish to know that the contest was conceived and organized by the committee of the Guy's students' magazine *Pulse,* to whom credit is due for their originality and enterprise. Over 400 spectators attended and many more had to be turned away owing to lack of space.

We are indebted to *Pulse* for a hilarious evening's amusement.

Yours, etc.,

REX LAWRIE

Keats' House,
Guy's Hospital,
London, S.E.1.

Liberalizing the Czechs

SIR,—As you may know, we were recently visited by a group of senior medical students from the Charles University, Prague. On behalf of Jan Adamek, Vera Cerminov, Jiri Dosoudil, Jan Drbohlav, Helena Hruzeva, Jan Milanek, Jiri Novak, Jana Schlogelova. Vaclav Svehla, Jan Tesovsky, Marta Vesela, Vera Zdenkova, Jofek Dvorak, Jarmila Ehrlichova, Miroslav Hanus and Frantisek Helcl, I would like to thank Mr. Beard and Dr. Vaughan for allowing some of the group to experience Outpatient teaching, and the students of this hospital for their hospitality. We would also like to thank *Pulse Magazine* and the organisers of the Sausage Eating Championship for providing an opportunity to see British student life at its wurst.

Yours etc.,

MICHAEL A. SIMPSON

East Wing,
Guy's Hospital.

NURSING SECTION

Inferiority Complex in a Nurse?

From a patient's point of view—is it possible for a nurse to feel inferior? The majority of the lay public usually see the nurse image as that of someone who is "stern and in uniform". It has been said that there are two very different images—the starched nurse who attempts to starch the patient—possibly by straightening up the bed and the patient included. And then there is the kindly nurse who is there to look after you, but in so doing does not smother you.

Taken in retrospect, which of the two images and personalities would be most appreciated. Obviously the "mothers" would not be appreciated without the "starchers". However, until one delves deeper into the personality of the nurse is it possible to recognise the fact that there are any complexes present at all. It is the author's belief that the more starched an image a nurse presents, the more she feels inferior to her fellow colleagues. The patient at the same time is made to feel insignificant and merely there for the benefit of the nurse.

How does a young nurse approach the problem of the image that she is to present during the initial stages of her training—an image which may, in fact, be with her for the rest of her professional days.

One cannot try to live up to a colleague who has had a year or two more experience, but one can attempt to learn from her very manner and knowledge which is the image that the patient prefers.

A ward without a little humour can be a ward in which the rate that a patient recovers is slightly slower than the recovery rate of a similar patient in a ward where humour goes hand in hand with kindness, gentleness and a sound knowledge of humanity.

It is still a very important factor that however kind a nurse can be, she must have the amenities with which she can offer the best to her patients.

This is, of course, easier in a large and well endowed hospital, but some of the cottage hospitals who carry out a sterling service under some of the most difficult circumstances owe a lot to the attitude of their nurses.

Just how does a junior nurse produce the image that she feels she must carry with her throughout her training. The only effective method is to model herself on one of her senior colleagues who appears to be the most efficient and yet most humane of those followers of Florence Nightingale.

Inevitably there will be a number of girls who enter the nursing training who will fall by the wayside. There have been a number of reasons put forward for this, and most if not all are entirely correct. But there is also the reason that a nurse will never qualify, due entirely to her own personality—the same reason as that given for failure to qualify in many other professions.

The responsibility lies entirely with those who interview prospective candidates. And a thankless and extremely difficult task this must be. One cannot play around with the career of a young girl who has left school. There may be some girls who have always wanted to nurse and they are the ones who present the least problem. It is the school-leaver who only thinks that she MAY want to nurse who is the girl who presents the most difficult problem.

Good luck to those nurses who do not feel quite cut out for the nursing pattern and yet who make the grade despite suffering from an inferiority complex which only they can hide, and which how successfully they do so depends on their own characters.

SPORT

HONOUR RESTORED ?

After four disastrous Cup Finals involving Hockey, Soccer and Rugby first teams, it was left to the Hockey 2nd XI and Rugby 2nd XV to salvage both the honour and morale of the Hospital. Below is a report of the Junior Hockey Final. In the Rugby Junior Final the XV had narrow victory 14-11 over the London Hospital 2nd XV. The game was very close, and the victory was mainly due to the pack's excellent performance. Outside some errors of handling and judgement marred otherwise good play Barrough scored a blind-side try, and Armstrong also scored after a good handling movement by the three-quarters. Davies, who led his team well, scored 2 penalties and a conversion. Thus Guy's were 14-6 up, when the London were presented with a try, leaving the final over minutes for desperate defence.

The First XV seem to be suffering from post-final blues, only managing to draw with a inexperienced Gloucester XV 3-3. And last Saturday, with a much depleted team, managed somehow to lose to Oxford 6-3.

RUGBY

HOSPITAL RUGBY CUP FINAL
GUY'S *v.* THE LONDON

Result: Lost 3—6.

There can seldom have been a more exciting final in the Hospital Cup Competition than on March 13th this year, with Guy's almost incredibly losers by a drop goal and a penalty to a drop goal. After the best Club season for many years, including an outstanding performance against Coventry and wins against Cambridge University, Bedford, Wasps, and Nuneaton, Guy's were beaten by a London side which, on the day, made no mistake, took full advantage of their only opportunities, and spent most of the afternoon defending heroically against repeated attack. There were moments of brilliant play and an abundance of good football in the manner we have come to expect from the Guy's side these past two seasons—that of the running and handling game with repeated attacks from the ruck and back of the line-out, and a certainty of good possession from the tight. It was unfortunate that this attractive style of rugby was not seen to succeed on this well-publicised day, when the perfect defence and kicking game of the opposition came out on top. It was unfortunate, too, that having aimed high in their approach to the game all season, with their manner of play demanding a high degree of technical skill, there was a critical breakdown of handling in midfield which led to many wasted opportunities. However, even when the wings beat their men, the centres broke, or the forward interpassing movements made twenty yards, there still seemed to be a wall of covering defenders, and all credit to them.

The game opened evenly, with both sides feeling their way, but it was not long before the eagerness of the Guy's forwards was evident in the rucks and the ball started to move. The tight scrums and line-outs were evenly won, and before either side had shown signs of real domination, the London full-back, P. I. E. Jones, had kicked a penalty from thirty-five yards out for off-side at a ruck. Shortly after this the opposition penetrated well into the Guy's twenty-five for the first time, gained a rare heel from a loose scrum, and I. Arthurs dropped a good goal. Six points down after only twenty minutes play forced Guy's to take command of ball possession. Hey heeled the ball against the head, and with the support of Davies and Stoneham repeated this throughout the remainder of the game. Peace and Cockburn took control of the line-outs, with Stoneham in front and Thorburn at the back frequently winning possession. Breaking away at the end of the line-out led to many fine movements, with Forbes playing excellently. From one of these, Rowlands was brought down five yards short of the line. Although no score had resulted, Guy's had gained control by the end of the first half, the London attempting to attack only when the loose ball resulted from a dropped pass. Dale, Hoare, and Lightowler did much good work in the loose for the London, but it was Jones at full-back who played an outstanding game and contributed more than anyone to their success. P. D. Jones, at scrum-half, put the ball into touch whenever it came back, denying his outsides a chance to run, but also preventing Guy's from taking any advantage of mistakes. Their fly-half, although kicking well, was largely kept quiet by Curson's devastating tackles.

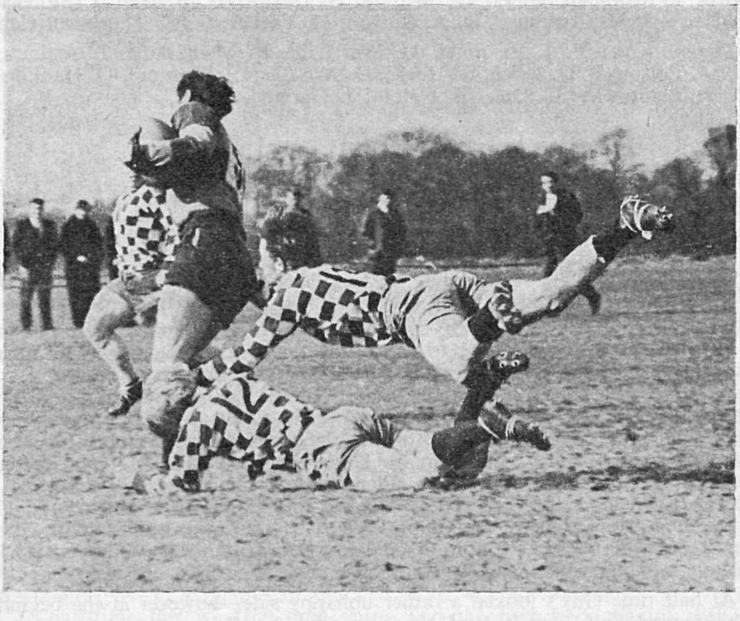


Photo by Stanley Ferdinands (Dental Prosthetic Dept.)

During the second half, play remained in the London half except for two brief excursions, effectively dealt with by Elliott at full-back. Hopes were raised early on when Rowlands dropped a very good goal from thirty-five yards to open the Guy's score, and further points seemed inevitable with the ball coming back from the tight and loose with such regularity. On the wings the powerful Ross and Novak seemed bound to break through, but the never-ending tide of covering defenders were always there to stop them at the last moment. A brilliant piece of dribbling by Thorburn, a blindside break by Swift, a weaving run by Rowlands up the middle, all failed in the final stages, although the forwards actually crossed the London line twice only to be called back for forward passes.

In the closing minutes, handling mistakes wasted opportunities, and although every variety of move was attempted, a slight hastiness among the backs helped the defence to triumph over the reverse pass, the scissors, the dummy and the attempted overlap. The Guy's forwards gave all they had, and an exhausted London side were very relieved to hear the final whistle, and record a win by six points to three.

There was an abundance of support and advice for Guy's from the touch-line, perhaps the only valid piece being to use the tactical kick in attack more frequently in this cup rugby with its unremitting defence. All that can be said is that the teamwork, effort and tactics did not succeed on this occasion but would have done on any other, and will do so in the future.

Congratulations to Thorburn and his team for providing a season of high-class and entertaining rugby, to Dr. Hugh Burry for developing a side recognised in the rugby world for its strength and attractive style of play, and last, but not least, to the London for achieving the object of the day.

S. A. R. Cooke

Guy's: D. R. Elliott; J. Novak, M. Cheesebrough, J. F. Price, J. R. M. Ross; B. J. Rowlands, P. G. F. Swift; J. E. Davies, G. B. Hey, J. Stoneham, P. K. Peace, J. M. Cockburn, D. A. Curson, M. Forbes, C. W. Thorburn (Capt.).

The London: P. I. E. Jones; Q. Wareham, F. Macfarlane, I. Arthurs, J. Webb; A. Polson, P. D. Jones; D. Hoare, D. Ash (Capt.), N. Jones, D. Hankinson, C. D. R. Lightowler, C. Dale, B. Colvin, J. Garland-Collins.

UNIVERSITY OF LONDON CUP FINAL
GUY'S v. UNIVERSITY COLLEGE

Motspur Park

Lost 2—0

On a beautiful day at Motspur Park, Guy's were out to provide the Hospitals with a hat-trick of wins in the U.L. cup. U.C. were considered to be slight favourites due partly to the inclusion in their side of 6 U.L. players.

Both sides took some time to settle down into anything like their normal rhythm. U.C., however, started rather better and exerted their control on the game through their two inside forwards. Galbraith and Underhill and their centre-half Freitag. Underhill in particular gave Crafts a very trying time in the first half and this constant pressure on the Guys defence some took its toll. Amiss hit clearance was picked up by Underhill who chose his spot well and scored. The inspectiveness of Guys attack at this stage was due partly to the close reign which Freitag kept on Appleby at centre forward. The second U.C. goal resulted from a thrust by Galbraith on the left who won a short corner. Daune's short corner beat Clarke in goal but was magnificently stopped by Vellacott on the line with his boot. Galbraith made the flick look easy.

At half time Guy's looked a rather unhappy side—however at the beginning of the second half a revival of the hospital side, Cripps showing a fine example himself, forced his men into pressing the U.C. defence. Pearson at centre half worked valiantly and distributed the ball intelligently but the final telling fans always seemed to go adrift. After this respite U.C. took possession again and rather marked time until the final whistle was blown.

It was felt that if Guy's had played their wings more often and if their wings in turn had hit the ball hard and intelligently across the U.C. goal, that Appleby might have been able to use his speed and skill to greater advantage.

However, there was no doubt in anyone's mind that the better side won on the day. It was most pleasing to notice how clearly the game was played and to see that Guy's was as sporting in defeat as they had previously been in victory.

Team: R. Clarke; M. Vellacott, D. Crafts; R. Goodhart, C. Pearson, R. Kendrick; A. Godfrey, N. Dodd, M. Appleby, S. Cripps (Capt.), A. Winskill.

John Townend
(Capt. University of London H.C.)

JUNIOR HOCKEY CUP FINAL

GUY'S v. ST. THOMAS'S

Won 3—0.

Determined to avenge the senior side's narrow defeat in the previous week against St. Thomas's, the juniors started off the game at a very fast pace. From the bully-off they looked the better side, passing the ball well and playing with real gusto. Late in the first half a short corner was awarded, and Loomes set the ball moving with a crisp hit; the rebound was well put away by Brooks.

In the second half Guy's continued to press hard, and a good bit of play by Brooks led to the second goal. He collected the ball on the "25" and took it through to score with a bullet of a shot. During all this time, Thomas's very rarely came in the Guy's half, but when they did, the defence dealt very competently—Milliner and Bye playing very safely.

Looms niched up Guy's third goal with another power-house short corner that gave the goalkeeper no chance.

All praise to Bob Loomes and his side on raising their game to such a level and dealing so competently with the opposition.

TEAM: C. Calder; R. Nickalls, D. Milliner; R. Loomes (Capt.), M. Bye, D. Silk; J. Topliss, B. Jones, A. Brooks, P. Nenstatter, R. Ryecroft.

S. N. CRIPPS

SATURDAY, 16th MARCH, H.O.P.

Guy's 1, Tunbridge Wells 0.

PAST v. PRESENT

H.O.P. SUNDAY, 3rd MARCH

Present 3, Past 1.

On a sunny afternoon at H.O.P. there were about 30 spectators present to see the sides line up. The present turned out their full cup side (with the exception of an injured goalkeeper), while the past had a very talented side containing five ex-captains.

After the various press photographers' appetites had been satisfied, the game set off at a staggeringly fast pace. The present had hoped for a few signs of senility from the past, but unfortunately this was not to be the case, and the pace remained quite fast for the whole game

Mark Blake showed his customary fire and skill at inside-forward, and often had the present defence in a lot of trouble. Indeed, had Dick Strickland's car not broken down *en route,* this combination in the middle could well have produced a different result.

The present's first goal came from "Number 3", a much-talked-about short corner move—much talked about, that is, by the scorer, Mike Appleby! Unfortunately, R. L. Hollands of the *Telegraph* was not watching!

At half-time this was the only score, and the past were playing well, but two quick goals by the present made the result fairly certain. The first of these was from a beautiful shot by Mike Appleby, and the second from the skipper.

The past's goal came from a very skilful reverse stick lift over the goalkeeper's head by Mark Blake.

The fact that the afternoon was such a success is due largely to the efforts of Dave Loader in raising such an excellent past side—both on and off the field! Needless to say, Dick Strickland used up his surplus energy in the post match festivities, along with quite a few others.

Teams:

PAST—N. White; D. Loader (Capt.), K. Haynes; R. Lallemand, C. Brooks, M. Naylor; P. Liddiard, R. Hodivala, T. Owen, M. Blake, C. Calder for R. Strickland.

PRESENT—S. Rear; M. Vellacott, D. Crafts; R. Goodhart, C. Pearson, R. Kendrick; T. Godfrey, N. Dodd, M. Appleby, S. Cripps (Capt.), A. Winskill.

S. N. CRIPPS

SOCCER

LONDON HOSPITALS CUP FINAL

GUY'S v. ST. THOMAS'S

Cobham, Saturday 16th March, 1968.

Lost 2—1 after extra time.

After a somewhat negative season of league football, Guy's had reached the final of the Cup by beating the London Hospital in the last of five matches between the two clubs this season.

There was an excellent band of voluble supporters to greet the team as they came out onto the wind-swept pitch. Winning the toss was crucial to take advantage of the very strong down wind. The toss was won, and all was set to get a good lead in the first half. Then followed 20 minutes of frustrating play, with the Guy's forwards playing the ball on the ground, seemingly unaware of the gale blowing at their backs. The St. Thomas's attack was playing in a similar fashion and neither goalkeeper was extended. Poole, at this time, was playing an effecting role, in trying to subdue the fast elusive Thomas's winger, Moss. Guy's goalkeeper, Wood, was trying to give the message to his forwards as his strong clearances bounced over their heads in the opposite half. Finally, helped by good luck, then good judgment, one of these clearances was beautifully headed on by centre-forward Ward, and Elias, running on, swept between two defenders and just had to deflect the bouncing ball past the rooted 'keeper. A great goal; an incentive; the goal rush was surely now on.

St. Thomas's kicked off and worked the ball into Guy's half in a series of short accurate passes. This attack culminated in a through-pass deep into the Guy's penalty area, and their left-winger, Moss, ran in from the right and managed to force the ball underneath Wood as he made a brave dive at the winger's feet. The equaliser so soon was a shock, but there was still 20 minutes left of the first half. However, it went to waste and the score was still 1—1 when the teams turned round.

It certainly looked now as if Guy's were on the way out, but the St. Thomas's forwards were even more incompetent, and Wood wasn't seriously extended. The turn-round brought an amazing change of tactics by the Guy's forwards. They were now trying the high cross and lob into the wind and dispensing with the short ball—impossible tactics in these conditions—but one high cross from the right found McClure running in to the far post and he caught it on the volley with his right foot. The crowd were held in suspense as his shot screamed across the goal only to hit the flat of the bar. Similar such chances were made and lost, and both teams were quite at a loss when the final whistle went.

Well, it was exhilarating. Extra time, 15 minutes each way, was to be played. Guy's again won the toss and attacked with the wind behind them. They showed a little more idea, but a positive, continual bombardment wasn't there. Then came a classical piece of football. Lindridge, 30 yards out on the left, banged in a shot that went straight for the top corner of the net. A great goal worthy of the great Eusabio, but it wasn't to be. An incompetent linesman and referee ruled a Guy's forward offside, but seemed to disregard the extension of the rule that this forward was not involved with the run of the play. Even the St. Thomas's 'keeper wasn't involved!

So it was still 1—1 for the last half of extra time. A little tension was evident as St. Thomas's tried for the winner, but their was no real danger until their centre-forward, Carter, a bespectacled mistake of a footballer, pushed the ball under the diving Wood for the winner. The ball was still in the net when the final whistle went. A horrible end to a Cup match.

So Guy's lost. An unfortunate result, but nevertheless it should have been sewn up in the first half. Little has been said about individual performances, but Lovell, at sweeper-upper, was really man of the match.

It is a credit to the Club, which represents a major sport with a small membership that they have represented the hospital in this final for the last three seasons. Let's hope we get it next year.

M. J. WILSON

Guy's: Wood; Milnes, Nash; Poole, Lovell, Davy; Jacobs, Lindridge, Ward, Elias, McClure.

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WATER POLO

Thursday, 14th March

GUY'S v. TRINITY, DUBLIN

Lost 2—8

The Dublin team were over here on tour, and it was evident from the start of this game that one of their intentions was to win the matches. They were fit, and had a couple of very fast swimmers. The small bath helped Guy's to contain them, but they mainly fed one big player who scored most of their goals.

Up front Challacombe was finding it hard to shoot, and the only Guy's goals came from long shots by Northcott. But Guy's played quite reasonably—especially Howard, who made some saves from point-blank range.

Team: Howard, Foulds, Adkins, Ashford, Northcott, Challacombe.

GUY'S I v. ST. MARY'S

won 5—4

Guy's started this match in promising style with a break down the left by Challacombe, a pass to Nothcott taken well, but finished with a shot well wide "It slipped out of my hand" he explained afterwards. However, he later made amends with some fine midfield play, and a goal.

Foulds, moving well in defence, and making some strong attacking breaks, showed what could be achieved by 100 per cent effort. He was responsible for two Guy's goals—Ashford and Northcott scoring from his breaks. Meanwhile St. Mary's had scored two goals and Guy's had replied through Challacombe to leave Guy's with a slender lead at half-time.

Soon after the restart St. Mary's equalised with an incredible and undoubtedly "illegal" goal. A foul had been called against St. Mary's, and as Adkins returned the ball, he was bundled out of the way—no mean feat—by a St. Mary's player who shot past an astounded Wood in goal. Unfortunately the referee had turned his back on the play at this instant and seeing the ball in the net awarded a goal.

Shortly afterwards a clash in midpool led to both sides being awarded their third penalty point—each awarded when a major foul has been committed—which meant a penalty apiece. Both were easily converted by the respective captains, and finally Challacombe managed to place a shot wide of the goalkeeper to give his team a deserved win.

Team: Challacombe, Wood, Foulds, Howard, Ashford, Davidson, Northcott.

GUY'S I v. ST. GEORGE'S

19th March

won 6—3

In spite of fielding a much depleted team, Guy's gave one of their best performances of the season, overunning St. George's to a greater extent than the scoreline suggests.

Wright, in his first senior game for some time, played very confidently and Lindridge in goal gave a competent display, even if a little unaware of the differencies in keeping goal between soccer and water polo.

Howard fully deserved his goals, putting in much effort in midfield and breaking well, and Adkins at last emerged from the blue patch of recent weeks and played a sterling game.

Challacombe, Northcott and Howard scored the goals in a fine display by the team as a whole, who realised at last that we cannot expect to win well unless complete effort is given by all.

Team: Challacombe, Davidson, Northcott, Howard, Adkins, Lindridge, Wright.

GUY'S II v. UNIVERSITY COLLEGE II

Draw 4—4

In front of several enthusiastic supporters giving vocifeous advice to the referee, Guy's II contrived to look by far the beter team, but failed to secure both points. Bevis distinquished himself by scoring all four goals, and O'Keefe and Taylor gave very able support in midfield.

Team: Wright, Bevis, Taylor, Aspin, O'Keefe, Anderson, Howell.

TABLE-TENNIS

THE K. E. PRINGLE TABLE-TENNIS MATCH

On Monday, February 26th a match was held between the Staff and the Students each side fielding two teams.

The 'A' game resulted in a narrow victory for the staff who won by 6 games to 4, whereas in the 'B' game the students proved rather too good for the staff winning by 10 games to nil.

An enjoyable evening was had by all and our thanks go to Mr. K. E. Pringle, Mr. D. London and Mr. J. Robinson, for providing refreshments.

Team:

Staff 'A' D. London, J. Osborne, Miss Henley.
Staff 'B' J. Robinson, J. Metcalf, Miss Lewis.
Students 'A' I. Learner, B. P. Levy, Miss P. Williams.
Students 'B' C. Farrant, M. Bailey, Miss S. Peppiall.

B. P. LEVY, I. H. LEARNER

DIARY

RUGBY

Mar. 30.—Old Haberdashers. H.O.P.
Apr. 6.—Old Whitgiftians. H.O.P.

HOCKEY

Apr. 6.—Bromley II. Home.

SOCCER

Mar. 30.—Lancing Old Boys.
Apr. 5—9.—Dutch Tour.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **Senior Lecturer/Lecturer** (full-time) in the Department of Dental Prosthetics to commence duties on 1st October, 1968. Salary scales: Senior Lecturer: within the range of £2,590 to £3,395. Lecturer: within the range of £1,745 to £2,820, both with superannuation.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1., not later than **Monday, 22nd April, 1968.**

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Registrar in Neurology** with duties to commence 1st June, 1968 an appointment until 30th September, 1968 in the first instance. Applicants should hold the Membership of one of the Royal Colleges. Forms of application are obtainable from the Superintendent, and should be returned not later than **10th April, 1968.**

GUY'S HOSPITAL

Applications are invited for the following appointments to commence on 1st October 1968:

Department of Conservative Dental Surgery
Registrars to attend full-time or part-time.

Department of Dental Prosthetics
Registrars to attend between 2 and 6 sessions per week.

Dental Department for Children
Senior Registrar to attend full-time; Registrar to attend on 6 sessions per week; Orthodontic Assistant (Registrar grade) to attend on 6 sessions per week.

Clinical Dental Surgery including Oral Surgery
Senior Registrar/Registrar to attend full-time.

Department of Preventive Dentistry
Registrars to attend on 6, 5 or 3 sessions per week.

Casualty and Oral Surgery Department
Registrars to attend full-time or on 6, 5 or 3 sessions per week.

Casualty and Oral Surgery Department
Registrars to attend full-time or on 6, 5 or 3 sessions per week.

Dental Radiology Department
Registrars to attend on 6, 5 or 3 sessions per week.

Dental Officer to treat In-Patients
One Dental Officer to attend on 6 sessions per week.

Forms of application are obtainable from, *and should be lodged with the Superintendent,* Guy's Hospital, London, S.E.1, not later than **Monday, 22nd April, 1968.**

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.F.A

C. E. Briscoe
J. M. Simpson
M. Morgan
P. Wemyss-Gorman

Primary F.D.S.

T. A. T. Kolb
P. Longhurst
P. C. McAndrew
T. J. Martin
B. Penhall
A. J. Smith
T. J. Storrs
Vera N. Warren
A. M. Worth

Primary F.R.C.S.

P. J. R. Boyd
C. E. M. Lamb
D. B. Mathias
H. E. Sturzaker

UNIVERSITY OF LONDON

Ph.D.

Susan M. Poston

PERSONAL

AUSTRALIA—Two years ago I emigrated to Australia. Now I need an assistant in my own practice. Very satisfying job. I can arrange sponsorship and provide accommodation. Further details please contact Mr. Goodliffe at Guy's.

BENTLEY Mk. VI—1952 all steel body in *impressive black with beige upholstery* near like new, with original Motorola radio. Mechanically in good condition with plenty of power. Taxed and M.O.T. £480 o.n.o. HAM 9510.

FOR A PERFECT HOLIDAY—Guy's L.D.S. has charming house Mijas, Malaga, Spain. Superb situations, maid (excellent) swimming pool (large), garden (secluded). Probert, Cuddra, St. Austell. Tel: 4880

LUTON—Assistant required with view to partnership in busy 4 surgery practice. Own Laboratory for Chrome, Gold and Porcelain work. Guy's Hospital Gazette Box No. 5/3.

LUXURY unfurnished Maisonette to let, Blackheath/Lee. 2 double beds., lounge, dining-room, kitchen, bathroom, garage. Central heating. Fridge. £400 p.a. exclusive. Phone: 852 4803.

TRAINEE general practitioner vacancy now. Guy's partnership, South Croydon. Excellent experience general medicine, obstetrics and medico-legal work. Full local X-Ray and Path. facilities. Rota system. Time for post-graduate study. Box No: 6/3, Guy's Hospital Gazette.

WANTED HOLIDAY HOUSE/FLAT—Two weeks during school holidays. South Coast, Two adults, Three children. Gillon, 132 Thwaite Street, Cottingham, Yorks.

CHANGES OF ADDRESS

Mr. and Mrs. J. S. Gregson, 30b St. John's Park, Blackheath, S.E.3. Tel: 01-858 5740. (from the 1st of April)

Dr. R. P. D. Hancock, 168 Frederick Road, Hastings, Sussex.

Miss B. M. Jobling, H.M.S. "Dauntless", Burghfield, Reading, Berks

Mr. B. M. Jobling, 45, Hollywell Road, Brant Road, Lincoln.

Mr. and Mrs. S. L. R. Oakenfull, 17, Seabrook Road, Tonbridge, Kent. Tel: Tonbridge 4479.

R. H. Thacker, SMO, ZAF, Box 1291, Lusaka, Zambia.

BIRTHS

BUXTON—On 13th March 1968, at home, to Peter and Ann (née Everitt) of 8 Gosling Grove, Downley, High Wycombe, a son Gordon James, brother for Ian.

SIEVERS—On 27th February, to Ann (née Kenward) and Paul Sievers, a daughter Claire Nicola.

MARRIAGES

GREGSON—WILLIAMS—On 16th March, 1968, at St. Oswald's, Oswestry, Salop. John Stephen Gregson, M.B., B.S., to Elizabeth Joy Williams S.R.N.

OAKENFULL—BODDY—On Saturday, 24th February, 1968, at All Saints church Woodford Wells, Mr. S. L. R. Oakenfull to Miss Rosemary E. Boddy, S.R.N. (Guy's trained)

DEATHS

HARRISON—Elizabeth Margaret (Daisey), formerly of Holly Cottage, 3, Clare Road, Cambridge, died on 19th March, 1968, in a Cambridge Nursing Home. Trained at Guy's Hospital School of Nursing 1919-1922. Subsequently, Staff Nurse and Sister at Guy's Hospital until October 1947.

SMALLSHAW—On 23rd January, 1968, Denis Brownwigg Smallshaw, M.R.C.S., L. R. C. P. at 332, Fir Tree Road, Epsom Downs, Surrey. aged 64 years.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT J. G. PAYNE
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2080

The opinions expressed in these columns are soley those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Final Flop

The Final Joint Report on the negotiations on the current problems of hospital medical staff held between the Health Departments and representatives of National Health Service Hospital doctors and dentists over the last two years is now out. Interest centres mainly on the report of the panel appointed to study the hospital staffing and career training structure. The professions' representative committee of nine included four hospital junior doctors. But, as the report stated in its preamble, the proposals put forward are to be the basis for further discussion and not in any way as final conclusions, and that the Health Departments will in due course seek the views of interested bodies. In fact, the future talks and ultimate decisions will continue through the normal machinery of the Joint Consultants' Committee and the B.M.A.'s Central Committee for Hospital Services. It would thus appear that the appointment of four junior doctors intended to represent and protect the interests of hospital junior doctors was just a sop, for they will not be represented in the committees which make the final conclusions!

The chief concern of the special panel was how to meet the medical profession's requests for more consultants, for an integrated training scheme for registrars and senior registrars, for a solution to the long-term registrars, and for improvements in the medical assistant grade. One of the most intractable ills of hospital staffing has been how to marry the working needs of the service with the training needs of doctors.

The basis of the report was to produce a scheme whereby a young doctor of suitable calibre could pass through a programme of training appropriate to his objective with a minimum of delay. At present the average time from qualifying to obtaining consultants' posts is 12 to 14 years. Under the proposed scheme it should not take longer than eight years.

As the panel points out, its recommendations for hospital junior staffing are a complete break with the past. It is proposed that the senior registrar grade should be renamed "chief assistant", and last three to four years. Below this grade the aim is to provide a vocational training flexible enough to meet the requirements of a choice of careers, including general practice. The first year after registration would be in general training in a senior house officer—S.H.O.—grade for one year. After that, two to four years would be spent in a medical officer—M.O.—grade, replacing the present junior registrar grade, and this would lead to either a chief assistant or assistant post or to a career outside the hospital service. Tenure of chief assistants and medical officer post would be subject to review after one year by regional advisory committees. The assistant grade would in the main be a service grade, and not a training grade, of a career nature drawing from the grades of chief assistant and medical officer.

A significant part of the report is that the chief assistant grade must continue to be closely controlled by the Departments, in consultation with the profession, in relation to the expected number of consultant vacancies!

Nowhere does the panel suggest ways of increasing the number of consultant posts, although recognising that this constitutes the central core of the frustration felt by all grades in the hospital junior staff. It is a matter of dead men's shoes to be stepped into and no one in his right mind can honestly accept this as a way of running a health service. Thus what is essentially a problem of insufficient consultants' posts and too few new ones being set up is to be overcome by very strict control of the input for consultant training. In addition those who cannot be found a consultant position will be recruited into the assistant grade on a never-never basis to do the work of consultants without their status or pay, in addition, frustrated medical officers not wishing to go into general practice but unable to get a chief assistantship due to the strict control will also be forced into the grade of assistant. The end result will be the perpetuation of the present chaos of doctors hanging around for years on end as assistants hoping for a consultant post.

By changing the names given to the grades, the proposals seem like a conspiracy to maintain the present system under the cover of offering brighter hopes. The new proposal perpetuates all the career blockages, financial jealousies and domination of medicine by consultants which reformers had expected the report to abolish. The recent decision of the B.M.A.'s Central Committee for Hospital Services rejecting the establishment of an autonomous Hospital Junior Staffs Committee would seem to bear out this attitude, for it is this Committee that will in the end help formulate the conclusions which will ultimately be implemented.

At a time when one of our most valuable exports is highly-trained doctors, and the evidence of the future paralysis of the health service comes pouring in, it is incredible that a responsible group of senior members of the profession can honestly believe that such proposals can in any way alleviate the frustrating, chaotic and soul-destroying way in which junior staff have to try and fight their way through to the top, many of them being cast aside not by lack of ability but by lack of opportunity and expansion in the hospital system. It is also a peculiar sense of priorities on the part of the Ministry of Health if it does little to change this reactionary attitude in the attempt to save money. It is false economy and the country will pay dearly in good doctors for it.

Happy Birthday Dear WHO?

One of the most successful offshoots of the United Nations Organisation, the World Health Organisation, has just passed its twentieth birthday. To most of us it appears to be an organisation devoted solely to the problems of the so-called developing countries, and it is true that its major achievements have been in these countries, but almost every report, survey or successful control programme has also had its effect in the "civilized" countries.

The Organisation is based in Geneva and is represented in all the member countries of U.N.O. Its most successful campaigns have been concerned with the control of infectious diseases, and the campaign against Malaria has been the most successful of all. The original plan, to select a disease and to attempt its control or eradication before moving on to the next, has now been discarded in favour of the more general development of Health Services, improvement in environmental conditions and increasing Health Education. This plan, though less dramatic, is expected to produce much better results through the world in the long run.

Less directly, though just as effectively, W.H.O. also acts by organising conferences for experts in particular fields and by publishing monographs and surveys that, by virtue of its international membership, have a wider scope of reference and larger circulation.

To celebrate its birthday W.H.O. has published a review of its work and a lengthy prospective survey of its plans for the next twenty years. Its existence is and will be important, not only for the immense amount of medical work that it does or supervises, but also for the part it plays in improving international co-operation and understanding. We wish it many happy returns, and more strength (and money) to its arm.

GUY'S DIARY

APRIL

18th	Th.	5.00	Neurosurgical Round. Mr. PETER SCHURR. Clinical Theatre.
19th	F.	1.00	Clinical Lecture. Mr. COOK.
23rd	Tu.	1.00	Clinical Lecture. Dr. EVANS. "Oedipus and his Relations."
25th	Th.	1.00	Clinical Lecture. Mr. LAWRIE. "The Acute Abdomen in Childhood."
26th	F.	1.00	Clinical Lecture. Department of Medicine.
27th	S.	10.00	Clinico-Pathological Conference, Clinical Theatre.

An Appreciation

Mr. Frederick S. Warner, F.D.S., L.R.C.P., M.R.C.S.

The retirement of Frederick S. Warner from the Consultant Staff, the Board of Governors, and the appointment of Dean of Dental Studies, ends an association for which Guy's is grateful. We lose a distinguished clinician and a man who has had the interests of the Dental Hospital and School at heart for a generation. He entered in 1921 and was soon to demonstrate his ability by gaining the Newland-Pedley Gold Medal. As a fellow student in those days I was envious of his quiet composure, which contrasted with the frenetic reactions of those of us less ready to face the examiners. He qualified L.D.S. in 1926 and L.R.C.P., M.R.C.S., in 1928. In 1947 he was elected F.D.S. Successful junior appointments led to election to the Consultant Staff in 1936.

His teaching has been characterised by clarity and humanity, and he expected as much zeal from students as he himself exercised. High standards were applied with tireless energy over the whole range of his activities. He set an example of scrupulous performance as an operator. His clinics were marked by acute observation, exhaustive investigation and sane treatment. Their popularity was by no means based on the unworthy thought that it was as well to know the idiosyncracies of a Member of the Board of Examiners in Dental Surgery of the Royal College and the University of London.

It was most fortunate that he was offered and accepted the position of Sub-Dean to the Dental School in the immediate post-war period. Reconstruction and modernisation in the long years ahead were guided by a man dedicated to creating a school second to none. He campaigned tenaciously for more accommodation, staffing and equipment in face of competing financial claims on limited funds. By the time he was pressing for the complete re-housing of the Dental Department and School his title had been changed to Dean of Dental Studies and his vision is at least taking shape as the foundations of a new giant building are presently being laid down. Throughout this whole period he proved himself a first-class administrator with a sure grip on large and small issues.

There was always time to probe and master detail, time also to help those who sought his advice; there are very many who have received much consideration and guidance from him. Students held him in affectionate regard and elected him no less than three times President of the Dental Society. He presided over the activities of the Swimming Club for many years with typical enthusiasm and encouragement. There was a hint of father figure about him reminiscent of Montague Hopson, on whose firm he had once served.

Such whole-hearted dedication to Guy's would not have been possible without the sympathetic support of his wife, Cicely. We trust she will be rewarded now that his time can be comfortably divided between the calls of private practice and the sea at Hove and Paguera. We wish them many years of good health to enjoy it all.

R.E.R.

AUDIO-VISUAL AIDS

2. Television and Diagnostic Radiology

by

T. H. Hills *

The use of closed circuit television as a means of improving image quality when screening is probably the most important advance made in diagnostic X-ray equipment in the last twenty years.

Before the introduction of an Intensifier for television systems, it was difficult to obtain an image bright enough to be of any value without using a dangerous amount of radiation. At the best the viewer had to be fully dark-adapted and any object less than one centimetre in size could only be vaguely appreciated if seen at all.

Two rather different types of television system are in use at Guy's and the details very briefly are as follows.

Image Magnification

A device called an image intensifier is mounted in place of the conventional fluorescent screen. This is a vacuum tube with a fluorescent screen about nine inches in diameter on which the initial image is formed. A high voltage is applied to the tube and electrons from this screen are focused by a magnetic field to form a secondary very bright image on a small screen at the output end of the tube. This image is viewed by a standard vidicon camera with a conventional optical system. The ultimate picture quality suffers some degradation due to the relatively small amount of light available and the fact that the camera is viewing a screen little larger than a postage stamp while displaying the end product on a conventional viewing monitor. Three such systems are in routine use, in the Cardiac department, X-ray theatres and the main X-ray department. The limitations of the nine-inch field and lack of sharp definition are obvious, but the quality obtained is sufficient for the requirements of cardiac catheterisation and other similar investigations.

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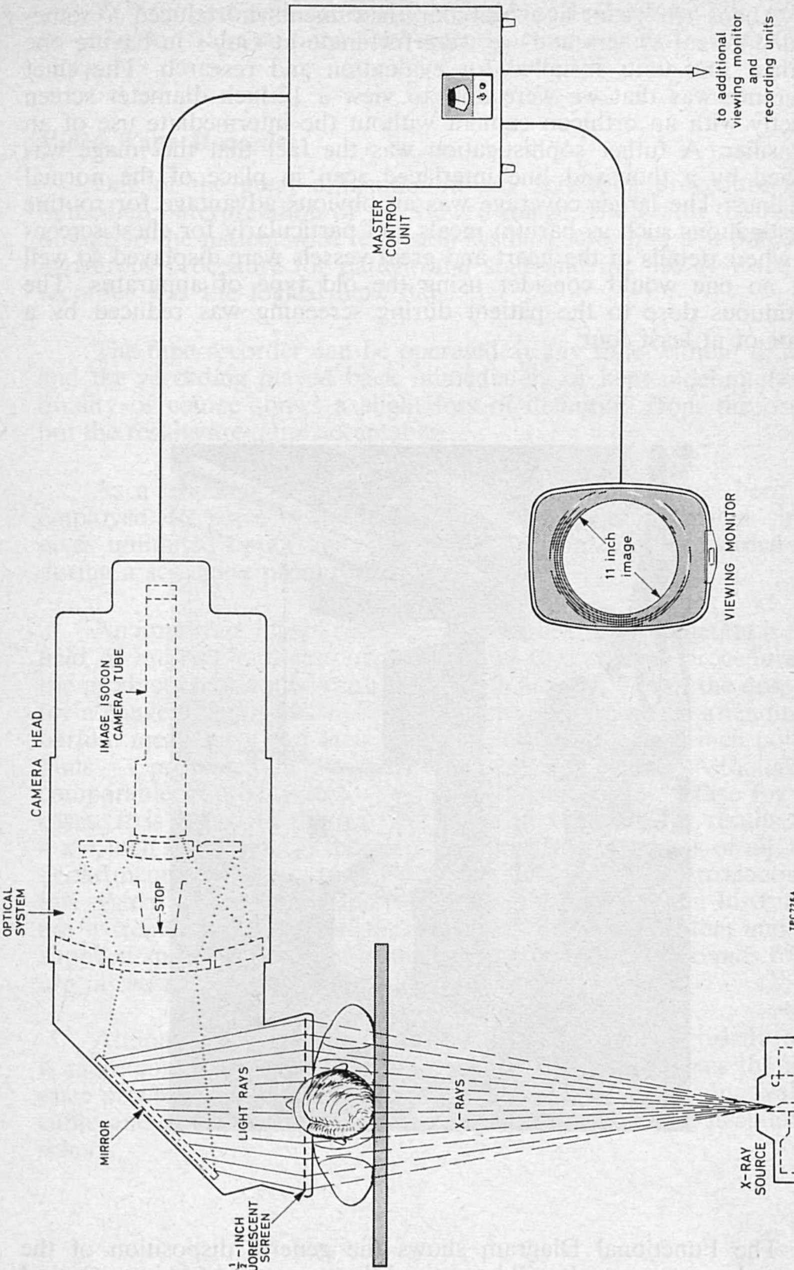
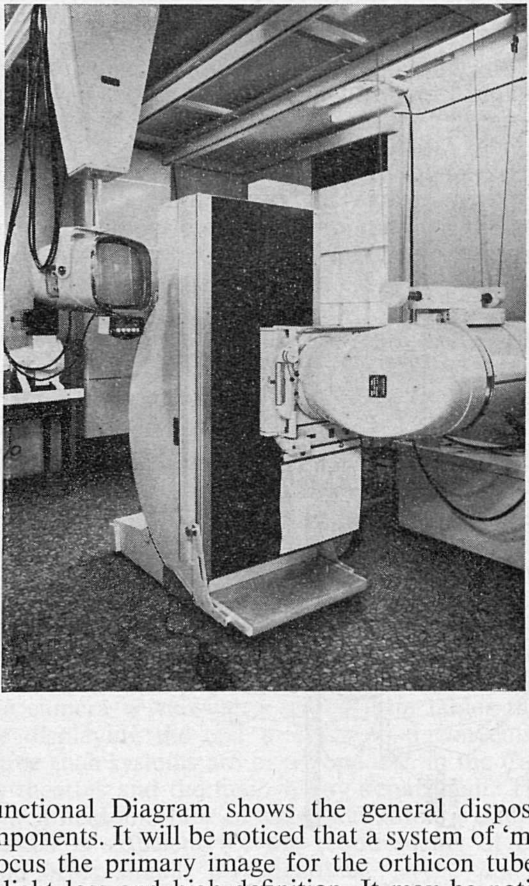
*Dr. Hills is Director of the Department of Diagnostic Radiology



CAMERA HEAD
OPTICAL SYSTEM
IMAGE ISOCON CAMERA TUBE
STOP
MIRROR
LIGHT RAYS
X-RAYS
$12\frac{1}{2}$-INCH FLUORESCENT SCREEN
X-RAY SOURCE
MASTER CONTROL UNIT
to additional viewing monitor and recording units
11 inch image
VIEWING MONITOR
TPC726A

Functional Diagram

About ten years ago Marconi Instruments introduced a somewhat different system and we were fortunate at Guy's in having one of their first units installed for evaluation and research. The chief difference was that we were able to view a 12-inch diameter screen directly with an orthicon camera without the intermediate use of an intensifier. A futher sophistication was the fact that the image was formed by a thousand line interlaced scan in place of the normal 625 lines. The larger coverage was an obvious advantage for routine investigations such as barium meals and particularly for chest screening where details of the heart and great vessels were displayed so well that no one would consider using the old type of apparatus. The continuous dose to the patient during screening was reduced by a factor of at least four.



The Functional Diagram shows the general disposition of the essential components. It will be noticed that a system of 'mirror Optics' is used to focus the primary image for the orthicon tube. This gives a minimum light loss and high definition. It may be noticed that the camera tube is labelled image isicon and this is in fact a more advanced tube than the orthicon.

Two of these units are now in routine use at Guy's for all screening investigations and a third was recently commissioned at St. Olaves Hospital.

Video Tape Recorder

One of the great difficulties in any screening procedure is the immediate interpretation of the viewed image. Even with the reduced dosage to the patient with television systems screening is a potentially dangerous procedure for patient and staff and the use of video tape recorder was the logical next step.

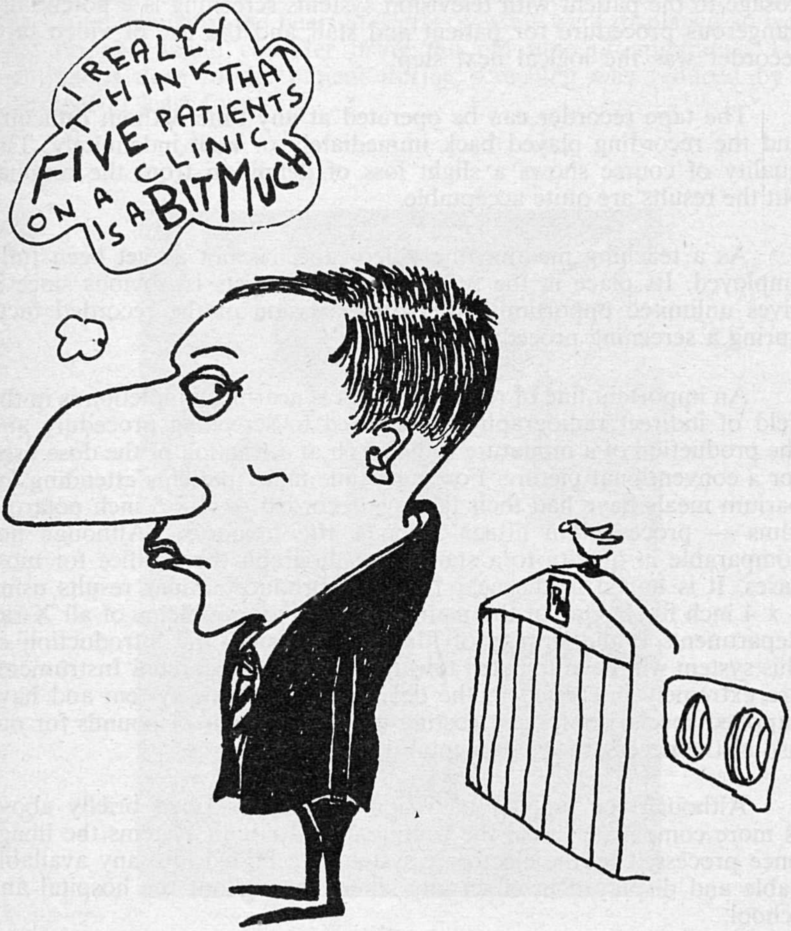
The tape recorder can be operated at any time without difficulty and the recording played back immediately or kept indefinitely. The quality of course shows a slight loss of definition from the original but the results are quite acceptable.

As a teaching medium the video tape has not as yet been fully employed. Its place in the training of radiologists is obvious since it gives unlimited opportunity for the discussion of the recorded facts during a screening procedure.

An important line of research which is nearing completion is in the field of indirect radiography as opposed to screening procedure and the production of a miniature radiograph at a fraction of the dose used for a conventional picture. For some time many patients attending for barium meals have had their findings recorded on 4 x 5 inch polaroid films — processed in fifteen seconds after exposure. Although not comparable in quality to a standard radiograph they suffice for most cases. It is hoped in the near future to produce similar results using 4 x 4 inch films. One of the main and unsolved problems of all X-ray departments is the storage of films and possibly the introduction of this system will be a first step towards a solution. Marconi Instruments are extremely interested in the development of this system and have supplied special equipment costing many thousands of pounds for our use in the necessary experimental development stage.

Although the type of television system described briefly above is more complicated than the routine closed circuit systems the image once processed by the electronic system can be fed into any available cable and displayed in effect any where throughout the hospital and school.

TYPICAL CONSULTANT


I REALLY THINK THAT FIVE PATIENTS ON A CLINIC IS A BIT MUCH

"What I aspired to be and was not, comforts me"

(*Browning*)

REVIEWS

THE VENEREAL DISEASES.

by R. D. Catterall. Evans. *Price* 7s. 6d.

The sexually transmitted diseases have yet to be completely liberated from the clutches of superstition and more bigotry, and seen for what they are: a result, in some cases, of normal living, like any of the disorders to which man is heir, and in others dependent upon a promiscuous sexual relationship. And of course not even a baboon colony would accept the latter behaviour as *de rigeur* for long.

The author of this volume is well able to describe these diseases and to state this case for the intelligent layman. As one would expect, the "matter" is excellent in its way, and one hopes that it will interest as much as instruct. On the whole it is presented in an orthodox manner.

The author seems, however, to be undecided whether to allow that "venereal" is synonymous with "sexually transmitted": it is, of course. Limitations of meaning (i.e. that "venereal" can be applied only to promiscuous love-making) is almost mediaeval in origin and partly derives from the 1916 Regulations, which defined "venereal diseases" for the purposes of the regulations as only syphilis, gonorrhoea and chancroid.

Since an "intelligent layman" may be, for example, a member of a university staff or of the London library, it is a great pity that the style of the writing is at times lack-lustre, at times even teasing and quirky. Pedantries, e.g. "enlarge and swell up", "aspirated or drawn off", "little girls before puberty", rear their head; and "pop" writing, e.g. "sexually transmitted diseases are being spread continuously . . . every day and every night in every town in every country", is to be regretted.

Perhaps this volume might be called a "digest" of the subject for the "intelligent reader". It includes a chapter on social problems, together with an historical survey, and one feels sure that it will find its way to the public and make a useful contribution to answering their doubts and queries.

A. S. Grimble

BASIC IDEAS IN NEUROPHYSIOLOGY.

Tristan D. M. Roberts. Butterworths. 25s.

Any book which deals with the subject of Neurophysiology and has such an inviting title deserves a second look. Particularly when the text manages to cover this complicated subject without dwelling on smoke drum experimentation or resorting to the classic "Sherringtonian presentation".

For a student in his first course in physiology it remains to be seen whether this book will be as successful as the author hopes in his preface. As an aid towards this the author summarises the essential points at regular intervals and manages to cover most of the basic vocabulary in the first chapter. It is refreshing to find that the continuity of the presentation is not interrupted by references, but that they are listed in the appendix. This seems to be a very useful advantage of this book as it allows the reader to select and study the original papers and experiments on which the subject-matter is based.

The general style and presentation of the topics make for easy, digestible reading. Relief from the typewritten word is provided by some fifteen illustrations of various kinds, although those found in chapter 2 require some study and Fig. 22, "a characteristic tension/length diagram for skeletal muscle", would be more meaningful if it had units for the ordinate and abscissa of the graph.

The book is published at 25s., complete with a semi-hard-back cover and as such, this book has its place in the discerning student's library.

G. R. Barker

HONG KONG

A Studentship Abroad

by

Ken Brown *

In British newspapers, Hong Kong is identified with trouble, bombs, riots, border incidents, and the death of victims, some involved and some innocent. It is also, however, a place where the West impinges on the Orient, where abject poverty rubs shoulders with blatant opulence, and where squalor and beauty live together. The history of this unique and fascinating place helps towards understanding Hong Kong as it now is.

In 1841, in the days of her imperial power, Britain forced a concession from China in the Opium Wars. This was Hong Kong Island, then just a barren, mountainous rock off the South China coast. Later the tip of the mainland peninsula opposite, now called Kowloon, was also ceded. The Island and Kowloon are legally permanent British possessions. In 1898, more of the mainland and many of the numerous islands nearby, now known as the New Territories, were obtained on a 99 year lease.

In 1937, Japan tried to occupy China's Northern Provinces, and open war broke out. Canton, 70 miles north of Hong Kong, fell in 1938, and there was a mass flight of refugees to the Colony. Almost a million entered, and at the height of the influx half a million were sleeping in the streets. During the Japanese occupation of Hong Kong from 1941 to 1945, many returned to the mainland. In 1945 the population was about 500,000.

Over the next two years a million returned to Hong Kong. Then the civil war, culminating in the Chinese Revolution of 1949, resulted in a further million entering the Colony. From this vast influx of Chinese refugees the present character and problems of Hong Kong can be traced.

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* Ken Brown is at present a House-Officer at Guy's and was in Hong Kong in the Summer of 1967. The trip was financed to the extent of £580 by the Nuffield Foundation. At Guy's, one student per year goes to Hong Kong under this arrangement. Students from other British Medical Schools go to different parts of the world, for example Karachi and Fiji. Recently, return visits by Medical Students from these countries have commenced. The purpose of the scheme is to increase contact between British and foreign medical schools and promote exchange of experience and ideas at student level.

The refugees arrived with what they could carry, and built huts on the hillsides from rags, plywood, and anything that came to hand. Available houses were grossly overcrowded. People lived on rooftops, stairways, landings, and many slept in the streets. They had to find work and were ruthlessly exploited. The endless supply of cheap labour attracted investment, and factories were built which produced goods at very low cost. Hong Kong became a "boom town" and the harbour, naturally the most beautiful in the world (the name in Chinese means "Fragrant Harbour") became one of the busiest.

Living with Millions

It was not until 1954 that the British Government began housing the refugees. This was forced upon the Government partly by the realisation that this time the refugees would not go back to China, but also by a fire in 1953, in a large squatter area, which left 53,000 people homeless. The first seven and nine storey "H" shaped blocks of flats went up in 1956. Each block holds 2,500 people. They have communal latrines on the centre-piece of the "H", no cooking facilities and no glass in the windows. They are grouped together in Resettlement Areas. One such area, Wong Tai Sin, has 87,000 people in it. The impressions that remain after walking through Wong Tai Sin are the din, the rows of orange, blue, and green blocks, the hundreds of Chinese milling around hawkers' huts set up on the pavement, the tiers of washing hanging on poles, and the claustophobia. In the last 10 years a million people have been housed, and the process still continues.

Enormous contrasts, however, still exist. On the "upper class" Peak District, fine mansions and blocks of luxury flats house Europeans and rich Chinese, who can look out by day over the misty blue harbour as far as the mountains of China, and by night see a sparkling carpet of lights, a vista said to be unparalleled anywhere else in the world. Down off the Peak along the main roads, banks, office blocks, and shops tower, but in the back streets old, crumbling houses, stopped up with rags and tin, burst with people. In one such house I visited a home where 14 adults and 10 children lived in two rooms. They slept in shifts and there were sleeping spaces everywhere. Rolled-up bedclothes hung from the ceiling. The kitchen was mediaeval. There was no flush toilet and excreta were collected at night and carted off. On open hillsides hundreds of squatter huts remain. Thousands still live on roofs and stairways and many are born, live and die on little sampans no bigger than rowing boats.

Such conditions, however, occur only on the Island and Kowloon, which amount to less than one-sixth the total area of the Colony. Here, three of Hong Kong's four million people live. North of Kowloon, up to the border 16 miles away, stretch the New Territories. Darker skinned peasants, bare-foot, work the land in rice paddies and duck farms as they must have done for centuries. There is a viewing spot on a knoll overlooking the Chinese border, from which a Communist village can be seen, its little brick houses identical to those scattered throughout the New Territories. The barbed wire fence along the river, and the sandbagged Police Station at the top of the knoll are the only signs that this is the border with Communist China.

One of the islands of the New Territories, Lantau, is bigger than Hong Kong Island itself. At week-ends, those who live in the densely populated areas escape to the New Territories, to the beaches, to Lantau and the other islands, to swim, walk, or play mahjong in the open air. They all return, on crowded trains, buses and ferries, their pretty, well-dressed children asleep and sprawling, to the crammed tenements and flats, to the noise and rush of Hong Kong and Kowloon.

Disease-ridden

In these overcrowded areas, with their poor sanitation, the spread of infectious disease is a major problem. During the recent troubles, control over illicit food hawking has been relaxed, since incidents involving hawkers, who sometimes become extremely nasty and have been known to attack police with choppers, are a very potent starting point for riots. Some have been seen washing cut fruit in water from the gutter, which is virtually dilute sewage. There was serious concern that this, combined with the water shortage, may lead to an outbreak of cholera. Fortunately, with the resumption of supplies from China, there is now 24-hour water.

Typhoid fever is endemic, and patients, if seriously ill, are nursed on an open ward with an ironic isolation notice at the head of the bed. Even after transferral to an isolation hospital they are nursed on open wards next to patients with, for example, tetanus or infectious hepatitis.

A newspaper article, after saying that amoebiasis, bacillary dysentery, and typhoid showed a slight increase, this August (all three are endemic) gave a list of infectious diseases "which followed their expected trend". This included :

Chicken-pox (6 cases); Diphtheria (12); Measles (20); Ophthalmia neonatorum (20); Tuberculosis (1,344).

This illustrates the staggering incidence of tuberculosis. Almost 2 per cent of the population are affected. The majority are treated as out-patients, only being admitted in the presence of complications or when resistance to standard drugs has developed, and the more toxic second or even third-line drugs must be used. Tuberculous disease of spine, joints, meninges is common. Since 1959, B.C.G. has been given to babies in the first 48 hours, together with smallpox and polio vaccinations. This has resulted in a decrease in tuberculous meningitis but not yet pulmonary tuberculosis.

Polio, diphtheria, plague, cholera and smallpox have largely been eliminated. Malaria, in 1860, was so prevalent that Europeans would sleep only aboard ship. It still occurs in the New Territories where vector control by oil spraying of paddies and fish-ponds is not feasible. It has been eradicated from Hong Kong Island and Kowloon.

Seamen plying their junks between the Colony and China are a continual source of the parasite and have destroyed earlier hopes that the Colony could become completely free of malaria.

There are 6,000 lepers in the Colony. This number is maintained by lepers who come from China to seek treatment. They are a few of the estimated 5,000 refugees per month still entering the Colony, despite border and police boat patrols. If no organisms are present in a skin biopsy they are treated as out-patients, otherwise they go to the island Leper Colony. Here drug treatment is instituted and corrective surgery to the hands and feet, and plastic surgery to eyebrows and nose undertaken.

Herbal Medicine

Measles is a major killer. In an epidemic last year, over a thousand children died. The majority were infants and died of bronchopneumonia. A factor causing this high mortality was the late stage at which patients were brought to Western-trained doctors. The Chinese traditionally regard measles as a disease which should be treated by the herbalist. In most cases no harm resulted, but when bronchopneumonia developed, delay while the herbalist applied various potions and powders was sometimes fatal.

The part played by herbalists in Hong Kong is considerable and belief in Chinese herbal medicines deep-seated. These medicines have been repeatedly analysed and no active substance has ever been found. The fact remains that most Chinese go to the herbalist first. This arises partly because G.Ps. charge more, but also because many Chinese have only limited faith in Western medicine. It is surprising how many case histories, presented on the wards, begin with a visit to the herbalist. They take the burden of common colds, aches and pains off the G.P., but sometimes do real harm. As in measles, they may delay institution of adequate treatment; by putting rotten leaves and dung on cuts they sometimes cause tetanus, and invariably cause sepsis; some of the large numbers of aplastic anaemias occurring in Hong Kong may be due to sensitivity to herbal medicines.

The innate faith, even of the educated, in herbal medicines, is only one of the constant reminders that 99 per cent of the people of Hong Kong are Chinese. Two million have come during the last 20 years. A third generation Chinese family is regarded as old and established. The majority, when asked where their home is, name a village or region in China. They have their own language, traditions, and religion. Only a minority are Christian, mainly Roman Catholic. The religion of the majority is a complicated mixture of spiritualism and superstition. They believe that departed spirits go to a worldly place where possessions and money are necessary to keep off evil spirits. The dispossessed become "Hungry Ghosts"—a rough equivalent of damnation. At funerals and commemorative festivals, paper money and cars, and paper food are burnt for the departed spirit. It is believed that those who fail to enact this ceremony may become possessed by the spirit. There is a recognised psychiatric condition, peculiar to Chinese, in which the patient talks and acts like a departed relative as though possessed by him. I have personally seen and photographed the burning of paper goods, on the road near the bus stop where I was standing.

A wind of change

There are many other ways in which the Hong Kong Chinese cling to their traditional beliefs. The bricked-up window in the Esso building in Central District bears permanent witness to the power of the Fung-shui men. An executive died of a heart attack in his office. The Chinese Magicians, eventually called in by an agitated Chinese staff, ruled that only by bricking-up the window could a favourable Fung-shui be restored. To placate the staff this was done. There are numerous other examples, some concrete, others exaggerated and elaborated by passage around the European circle in Hong Kong, who like to overplay the mystic and strangeness of the Chinese.

However, not all Chinese adhere to these antiquated customs and ideas. The young have discarded them and are casting about for a new identity. Though they have adopted the materialism of the West, they are not ethnically or emotionally Western. With the casting off of Colonial ties in other Asian countries, and the prosperity of certain sectors of Hong Kong's people, has come the realisation of what poverty means. They always were poor, now they know it. Whereas abject acceptance was the rule, there is now a spirit of rebellion.

The discontent and frustration arising from the poor living conditions, the low wages, and the difficulty of obtaining an education is the fuel on which the present trouble feeds. Whatever the role of political factions in inflaming the present situation, it is my opinion that the conditions I have described and the blatant disparity between rich and poor form the basis of the problem.

The outward signs of strife are apparent everywhere. On the roof of the Bank of China is barbed wire to prevent helicopter raids. Communist shops are festooned with pictures of Mao and quotations from his works, some blacked over by the police. Police stations have sandbags and barbed wire around them as if expecting a siege. Nevertheless, I personally have witnessed only one incident, a suspected bomb being gingerly removed from a traffic light by an explosives expert, watched by hundreds of blank-faced onlookers. It was a dud, as are 50 per cent of all bombs. Despite the occasional incidents, life continues outwardly as though nothing were wrong.

Just before I left, the Governor returned from Britain with a plan for social reform in Hong Kong. Ironically, he will be supported by those interests who have always opposed reforms in Child Labour or Minimum Wage laws, but who are now prepared to pay the price for stability. Hong Kong's Chinese live in double uncertainty. What will happen now, soon, to improve their lot? What will happen in 30 years' time, or sooner if the Red Guards have their way, when the New Territories return to China? Upon the outcome hangs the fate of four million people who are now "Her Majesty's subjects".

British Medical Students Association: March A.G.M.

This year's Annual General Meeting of the B.M.S.A. has produced considerable changes in the structure of the organization and also its plan of campaign to obtain a hearing with the authorities. Since the B.M.S.A. is our only representative negotiating body it is of importance to ensure that it is able to do this job. What use are policies if B.M.S.A. has insufficient power and influence to obtain a hearing? What use is negotiation if it is unknown to medical students and unrepresentative of them?

Changes:

(1) There is to be a smaller executive committee. The number of executive members has been cut from sixteen to nine.

(2) The A.G.M. is to be cut to one delegate from each school instead of one delegate for each 150 students. These delegates will have voting rights in proportion to the number of students they represent.

The effect of both these constitutional changes will be to reduce costs of executive and general meetings. A reduction in numbers at any meeting also increases its efficiency.

(3) More responsibility will be delegated to the regions in the fields of publications and local problems concerning grants, welfare and education. It is hoped that this will increase communication between the Association and its members.

Grants.

Grants claimed the most heated discussion in the working parties at the A.G.M. Motions were passed criticising the cutting of the recommended rise and the increase in fees for overseas students.

It was recommended by the A.G.M. that clinical students' grants be assessed on the basis of a 48-week year and not, as at present, 30 weeks plus 18 weeks on a subsistence grant of £6 2s. 6d. per week. Discussion also covered such anomalous situations as the assessment of a 24-year-old married student's grant on his father's income.

In the past a great volume of paperwork has been prepared presenting our case. B.M.S.A. officers have produced evidence assimilated from L.E.A. regulations on grants and surveys amongst students on living expenses in an attempt to support policies on grants. These reports have been sent to Cabinet Ministers and government departments, but have, unfortunately, been largely ignored!

This evidence was even presented to the Department of Education as Science (D.E.S.) through the National Union of Students (N.U.S.) The B.M.S.A. was not invited to attend the meeting between N.U.S. and D.E.S. and a lot of good work was probably wasted. At the N.U.S. rally to campaign for higher grants (March 3rd), the medical students' case was not even mentioned. It has become abundantly clear that the N.U.S. is not the right body to represent us.

More recently representation has been made through the Dental, Medical, Pharmaceutical and Veterinary Students' Joint Committee (D.M.P.V.). All these students work more than 30 weeks a year and thus *face similar problems (outlined in my letter to the Gazette,* 16th March). This committee met the D.E.S. on February 3rd. This seems a more realistic approach although there is still a danger of being fobbed off with permanent assistant under-secretaries whose job it is to pick holes in the figures presented to them.

The A.G.M. supported action through the D.M.P.V. Students' Joint Committee but demanded more militant action throughout. It was agreed that all efforts must be made to meet Cabinet Ministers, lobby M.Ps., negotiate with government bodies and to gain press coverage. It is hoped that the new structural changes and a more aggressive approach will increase our influence at government level.

Outside the field of negotiation at a national level the B.M.S.A. advises and represents students in specific cases of hardship. Where grievances are valid within the existing grants system, the Officer for Grants and Welfare will take up these cases with L.E.A.

Medical Education.

A large report on medical education was presented at the A.G.M., and this is to be published as a statement of B.M.S.A. policy. It consists of a critical assessment of medical education at all levels. Evidence has already been submitted to the Royal Commission on Medical Education, which published its report on Thursday, 4th April.

A B.MS.A. symposium is to be held to assess it and adjust policy accordingly.

A time and motion study has been done on the ward round as a means of clinical teaching, and further studies are to be carried out during the coming year.

British Medical Students' Trust.

This Trust is a legally constituted body which will award monetary grants to students to contribute towards expense incurred by medical students in educational travel. Last year, a total of £680 was awarded in 41 grants.

In addition to the Duke and Monte Fiore scholarships, there is a new Eli Lilly scholarship which offers two places worth £175 each.

As the B.M.S.A. is our only national body, we depend on it to represent our case. It is our trade union and should be used as such to speak on our behalf in all matters which affect our education, our welfare and our pockets.

Tom Treasure (B.M.S.A. Representative)

Guy's Student Medical Education Committee

Too often one gets the impression from members of the staff that the Education Committee exists as a body which constitutes "Them" who are opposed to "Us". Most students, on the other hand, consider this to be just another obscure committee providing a harmless outlet for the odd few who are committee-minded. Neither view is accurate. The committee exists to **liaise** with the staff in bringing about changes, however major or minor; it also exists to represent students' ideas on their education, providing a channel through which these ideas can be expressed to the appropriate department or authority. Last year a number of students requested that we should be allowed to wear white coats on the wards; much trouble was taken to organise this, and a trial scheme was introduced which has now been dropped due to the very poor student response. Arrangements were made by the committee for the collection of blood specimens from the wards. There has been co-operation with the Dean over matters concerning student welfare. Dr. R. Knight, the Clinical Tutor, has been most helpful in liaising with the committee, and has changed much of the course which constitutes the First Clinical Appointment. The Dean has been kept aware of student opinion on such matters as signing-in for lectures (that signing-in has been abolished for many lectures is due to efforts by the committee in the past), and the taking of blood pressures by students on Medical wards. Many other matters have been dealt with. This coming year we hope to be active on a much broader front now that the Royal Commission on Medical Education has produced its report. The committee was represented at the B.M.S.A. A.G.M. where medical education was on the agenda, and another representative attended the B.M.S.A. National Clinical Conference. It is hoped to organise a symposium in the near future on the role of television in medical education. A list of blood tests and their requirements is being compiled with co-operation from the Haematology and Clinical Pathology departments—these will be posted on all wards when they are ready.

A new committee will be elected in April. Do please take an interest in the elections, and make use of your representatives.

HON. SECRETARY.

CORRESPONDENCE

"Not allowed to die"—B.M.J., 17th Feb., 1968

SIR,—Silence may be golden; but it may also be more eloquent than words. How also can one explain the almost complete silence in the Correspondence Columns of the B.M.J. following publication of the letter under the above title. This was the story of the medical and surgical insults inflicted upon a dying doctor of 68 who had an inoperable condition, and who merely asked to be allowed to die. Perhaps we are at the beginning of an era of unexampled adventures in medicine and surgery. Some Nazi doctors showed what occasional members of our profession are capable of, Hippocrates notwithstanding.

Perhaps one has to be old oneself to wonder where we are going to. At least, it did not happen in this country.

Yours, etc.,

G. L. DAVIES

Oakfield,
Hay-on-Wye,
Hereford.

Sister Harrison

SIR,—The death of Sister Harrison prompts me to send this small inadequate tribute to a good woman. Brought up in the strict Victorian tradition of putting duty before self and uncomplaining acceptance of physical discomfort, "Daisy" Harrison never departed from the tenets of her youth. As a ward sister she trained her nurses firmly but with sympathy, except for slackness. In that event she could be a martinet. Nurses whom she instructed now look back on those rigorous days with gratitude. Patients' welfare was all that mattered to her. During the second world war she slept in a room off her ward and was up night after night to bring comfort to her charges during the severe bombing of which Guy's had more than its fair share. Even in peace time she would not take a weekend off if there were a seriously ill patient in her charge.

Retirement as the result of ill-health, borne with her usual stoicism, left a sadness in those who had worked with her and an abiding admiration for a woman dedicated to her noble profession.

Yours, etc.,

A. H. DOUTHWAITE

Lister House,
11, Wimpole Street,
London, W.1.

SIR,—Sister ("Daisy") Harrison's Guy's friends and colleagues will remember her best as a unique ward sister, who's lively intelligence and interest in medicine, added to her nursing skill. Though she troubled not to hide her scorn for a bungling houseman or a thoughtless nurse, those she deemed worthy had her boundless help. Not only during the blitz did she work night and day. Her retirement to Cambridge brought her much happiness and she lavished *upon her guests the comforts which had previously been her patients' privilege.* She was a stimulating person and could show as much enthusiasm for a small wild violet, the climbing of Everest, or even a knitting pattern. Above all, she was generous, and in giving found her greatest joy.

Yours, etc.,

ANGELA FALWASSER

63, Canan Street,
Winchester,
Hampshire.

The Colon Put Right

SIR,—

. . . In Bleadon now, I vow,
The Apple Blossom pink and white
Doth paint and bend the Bough.
O Rustick Poet! Shun the Plight
That lurks in genial Scrumpy-Jar:
Thus, get your Colon right.
ENVOI
Prince, fret no more on Fowler's Usage quaint;
For Moderns now, the Semi-colon — ain't.

Yours, etc.,
JOHN MILES

11, Royal Crescent
Cheltenham.

NOTICES

May Ball, 1968

This is being organised jointly by the Residents and the Clubs Union, and will take place at the Hurlingham Club, Putney, on Friday, May 10th.

Drinks will be at normal club prices and dancing will go on until 3 a.m.

All profits will go towards the redecoration of the Sports Pavilion at Honor Oak Park, in preparation for the Rugby Club's 125th season, next year.

Tickets, 5 gns. double, may be obtained from : N. Irish and R. Curruthers (Residents); R. Clark and M. Thomas (Clubs' Union).

Medical Education Committee

Notice is hereby given that elections for the Guy's Student Medical Education Committee will be held on Tuesday, 14th May, 1968.

Nominations of candidates for these elections will take place between 22nd—29th April.

Please note that the Students' Club will be holding its second elections over the same period. Both these elections are important; do make an effort to participate in each.

Nursing Events Calendar, 1968

Guy's Hospital Nurses' League Annual General Meeting and Reunion.—Wednesday, 8th May, 2—4.30 p.m.

Guy's Hospital Nurses' Ball, at Grosvenor House Hotel, Park Lane, London, W.1.—Friday, 12th July, 8 p.m.—2 a.m.

Guy's Hospital Presentation of Medals and Awards.—Tuesday, 1st October, 3—5 p.m.

OBITER DICTUM

A patient was referred with a diagnosis of "Rye Neck". Is this perhaps a transatlantic form of alcoholic neuritis?

OBITUARY:

Elizabeth Margaret Harrison

Miss Elizabeth Margaret Harrison died at her home in Cambridge on March 19th, after a long and trying illness.

"Daisy" Harrison, as she was affectionately known throughout the Hospital, was one of that slowly diminishing band of senior Guy's sisters who took the upheaval of the Hospital during the War in their stride. Tireless, undaunted, quickly master of the situation, be it a shattered ward, a flood of desperately injured casualties from Bermondsey, Southwark and beyond: darkness, lack of water, scanty meals taken at odd hours by night or by day; nothing impaired her active efficiency and her calm spirit.

Miss Harrison entered the Guy's Hospital School of Nursing in 1919, and qualified in 1922. She became a Staff Nurse in Out-Patients and Esther Ward.

In 1924 she was appointed Sister and had a spell of duty as Assistant Home Sister in the Nurses' Home—not much to her liking, but good experience. From that time on, in various posts, she remained continuously with the patients whose treatment and nursing care were her life work.

In 1931 she became the famous Sister of Stephen Ward. For the next eight years, no young student nurse left her ward without having gained the most detailed knowledge of devoted and technically excellent care of medical patients. How Sister Harrison hated to see inexpert fingers, male or female, searching with a needle for a vein which her skilled hands could have found immediately, but novices have to gain experience, and this she reluctantly admitted.

At the end of 1939, just before the outbreak of the bombing offensive of London, Sister Harrison was transferred from Stephen Ward to take charge of the ground floor of the Out-Patient Department; the underground theatres and the Eye Wards, Ruth and Barnabas, all of which became Casualty Reception. With other Sisters, a small nursing staff and the appointed Casualty Officers, Consultants and the various other people, Red Cross workers, air raid wardens, ambulance drivers, etc., who appear in a Casualty Department during a heavy air raid and afterwards, Miss Harrison had a busy two years.

Even ordinary emergency cases, medical or surgical, from the partly depopulated Boro', had to be dealt with. Then, after a spell as Night Sister to those parts of the Hospital that could be used, Miss Harrison returned to the work that she loved best, Sister of a war-time male and female medical ward. But her health had been overstrained and in October 1947 she retired to Cambridge, to the cottage and garden in which she delighted. I shall remember her with gratitude as one of that band of sisters and senior nurses who were ready to work till they dropped, to whom night or day meant nothing while there was still work to be done in times of emergency. Their lives are an inspiration to those who follow them.

E. BURCH

Stanley Arthur Piper, L.D.S., R.C.S.

Stanley Arthur Piper, L.D.S., R.C.S., died on 30th January, 1968, aged 85 years. He was born in Worthing, educated at Brighton College and took his Diploma at Guy's Hospital in 1905, where he became a Triple Blue, representing the Hospital at cricket, soccer and athletics. One of his treasured cricket memories was the occasion he almost bowled out Dr. W. G. Grace. His interest in sport continued with tennis and golf, which he played till late in life.

He was a dental surgeon of the old school, and continued doing excellent work until July 1967, when he was already 85. His patients were his friends and he clearly missed them, as much as they missed him, from the many warm letters he received on his retirement.

SPORT

RUGBY

It is always pleasurable to see that the Rugby Club, with the claim of the oldest in the world, continues to attract and produce personalities influencing the Rugby scene.

W. Treadwell in a recent season, gained an England Cap and on March 31st at Twickenham Charles Thorburn, as captain of Middlesex, received the Rugby County Championship Trophy after a convincing win of 9—6 against Warwickshire. Thorburn, an Oxford Blue in 1964-65, was included in the Combined Varsity XV that toured Argentina in the same year. In March 1965 he came to Guy's and was a member of the Hospital Cup winning side of 1965-66, under the captaincy of John Davies. In the past two seasons, while holding the captaincy of Guy's XV, he has played for Middlesex, participated in the Barbarian's Easter Tour in 1966 captained the 1967 B.U.S.F. Easter tour in France, and as a Scottish exile has made a few bids, so far without success for a Scottish Cap. However, he did play in the Scottish Districts XV against the All Blacks.

Recently qualified he has commenced a House appointment at Guy's. We would like to wish him luck for a successful tour in July of East Africa with Middlesex.

ESHER SEVEN-A-SIDE TOURNAMENT

Wednesday, April 3rd, 1968.

Final: Guy's 11 — Harlequins 28.

The Guy's team has suddenly warmed to the idea of playing good successful seven-a-side rugby. At Esher the selected seven beat Streatham-Croydon 11-5, Blackheath 11-8, and Wasps 15-3 to reach the final of a tournament in which all the top London clubs sevens were competing.

Although last year Guy's had a 7 which was confident and at times competent enough to play fast penetrating rugby, it was rather loathe to do the required hard work. The present 7 made huge efforts to gain the vital possession and if it were lost, ensured that the tackling was ruthlessly hard and effective. If one tackle were missed the cross-cover was there to stem the tide.

All this seemed to develop spontaneously. The 7 had not played together as such before, and once Blackheath were routed (oh! what sweet revenge) the play improved progressively.

The important tries were scored by determined running, good passing and excellent backing up. By these means Ross scored 5 tries. Then there were 3 or 4 exciting runs from half-way by Novak.

Thorburn dexterously controlled the scrums at half-back and dictated the pace of the game professionally. Williams and Elliott hooked well. Forbes was tremendously vigorous in all ways. His great technique in feeding out the seemingly locked ball was of vital importance. Rowlands' tackling was remarkable and his side-stepping runs proved worthwhile. Beacham, although rather subdued, made some finely poised sprints.

The Final played against an Harlequins side which is certainly the top 7 in England was no disgrace. Guy's scored 3 good tries as against their 6. Hiller, Lloyd and Rutter are all outstanding exponents of this game. and the crowd thoroughly enjoyed an excitingly competitive game.

One hopes now that seven Guy's men will be able to compensate to some extent for the tragic disappointment of the Cup fifteen by reaching the finals of the Middlesex Sevens at Twickenham on April 27th.

TEAM— J. M. Novak, R. J. Beacham, C. W. Thorburn (Capt.) J. R. M. Ross, P. A. L. Williams, M. Forbes and D. R. Elliott (Res.).

Peter G. F. Swift

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GUY'S 80 pts., OLD HABERDASHERS 0 pts.

Saturday, 30th March, 1968

Minus Thorburn (who was leading Middlesex to victory over Warwickshire in the County Championship Final) and minus the much-praised wings Ross and Novak, the Guys 1st XV inflicted a crushing defeat on a weak Haberdashers team, by playing disciplined attacking rugby. This is thought to be Guys biggest score ever. The major contribution to the scoring was made by W .W. Davies who kicked 13 conversions and a penalty as well as scoring a try. Forbes and Curson both got 3 tries each and Shutes on the wing showed a fair turn of speed in scoring two. However, this was essentially a team effort, the visitors having no answer to the excellent work of the pack, which supplied a constant stream of good ball from set pieces and loose rucks. This was usually put to good use by the backs, and many scoring chances were created by good running and backing up by the whole team. Indeed, but for lapses of concentration resulting in handling errors, and a tendency for certain individuals to try too much on their own, the score could well have passed the hundred mark. The small band of faithful supporters were well rewarded for turning out to watch, on an afternoon, when there were many bigger sporting attractions, and a well known psychiatrist is believed to be campaigning for the installation of an automatic scoreboard at HOP.

TEAM— W. W. Davies; J. Shutes, M. Cheesbrough, D. Elliott, R. Beacham, B. J. Rowlands (Capt.), P. G. F. Swift; J. E. Davies, J. Cembala, S. Challacombe, C. Neville, P. Peace, M. Forbes, J. M. Cockburn, D. Curson.

BOAT CLUB

HEAD OF THE RIVER RACES 1ST VIII

These races are run to help crews train for the summer regattas and entail rowing over a set course, the time taken — to a 1/100 sec., giving the position. The 1st VIII had their usual training schedule, at least 2 outings a week, and land training twice a week.

UNIVERSITIES OF LONDON HEAD

The course is Putney to Mortlake (4½ miles) as for the Boat Race. Twenty-three London College crews entered for the event. Guy's 1st VIII started 3rd, behind University College, and Imperial College. The conditions were perfect and Guy's paddled off at an alarming rating but soon settled down, gaining on the University College crew rapidly. Both crews were level at Harrod's, University College tried to hold Guy's but by Hammersmith Bridge there was clear water between the boats and despite a near collision with a sculler the crew rowed superbly for the remainder of the course.

RESULT— 1st Imperial College 19.52; 2nd Guy's I 20.23.
(Tyrian I beat Guy's by 18 secs. but are a composite crew from U.L. Colleges.)

KINGSTON HEAD

Course 3¼ mile from Hampton Court to Teddington lock, 97 crews entered. Guy's started 31st and we were rowing in *Sam Wilkes* for the first time since (s)he sank last year. We made an inspired start rating 36 min. and rapidly overtook Quintin III after 1 min. but rowed for the greater part of the course in a vacuum, as the next crews were 5-6 lengths ahead and were not caught until the end of the course.

RESULT— 27th (up 4 places) 21.27 min.

CREW— Bow, R. C. N. Pinckney; 2, P. Moulder; 3, D. Gillman; 4, M. Humber; 5, A. J. Hodgkinson; 6, R. D. Forrest; 7, J. A. R. Pook; Stroke, L. Pearce; Cox T. Kirk (U.L.), C. Woodhouse, (Kingston).

BOAT CLUB — 2nd VIII

The Spring term 2nd VIII containing five new, previously non-rowing members has understandably been rowing under the status of junior, however, has so far been unable to uphold the high standard of last year's more experienced 2nd VIII. Lack of coaching and a novice cox have added to the difficulties of bringing the crew up to the standard of "Heads" rowing, which produces such strenuous conditions that stamina and style must be well perfected. In the U.L. Head from Putney to Chiswick they produced a reasonable performance in this their first "Head" cause. A final position of 12th having rowed in a vaccum for most of the way and successfully combating some pressure from a powerful Q.M.C. crew who eventually finished fourth.

The 2nd VIII have been unable to show any further performance comparable of such promise.

In the Kingston Head of the River from Hampton Court to Teddington they lacked style and seemed distracted by the mini skirts in the fine weather and had eventually only managed to hold their position of 67th.

In the Reading Head of the River they produced their worst performance showing lack of determination to combat overtaking crews and subsequently suffered a landslide in position from 65th to 140th!

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer** (full-time) in the Oral Surgery and Casualty Department. Salary in the scale £1,745 x £135 to £2,150 x £125 to £2,650 x £115 to £2,765 x £55 to £2,820, with superannuation. Duties to commence as soon as possible. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Tuesday, 30th April 1968.**

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of **Registrar** in the Dental Casualty and Oral Surgery Department with attendance on two, four or six sessions per week and duties to commence as soon as possible until 30th September 1968. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Tuesday, 30th April 1968.**

GUY'S HOSPITAL

HOUSE APPOINTMENTS

June 1st, 1968

Applications are invited for the following house appointments due to begin on June 1st, 1968, forms of application giving choice of post in order of preference to be lodged with the Superintendent not later than **April 19th, 1968.**

House Surgeons	4
House Surgeon to the Surgical Unit	1
House Physicians	5
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1
House Surgeon to the Thoracic Unit	1

The above appointments will be for six months and will be open only to pre-registration candidates applying for their **first** appointment and not to candidates seeking their second six months appointment.

Genito-Urinary House Surgeon (Post-registration or second six months)	1
Children's House Physician (Second six months)	2
Casualty Officers (S.H.O.)	3
Resident Obstetrician (Post-registration)	1
Resident Anaesthetists (S.H.O.)	2
R.M.O. in Nuffield House (S.H.O.) to commence 1.7.68	1
Children's House Physician at Evelina Hospital Post-registration 1 to commence 1.6.68 Post-registration 1 to commence 1.8.68	2

ST. OLAVE'S HOSPITAL

House Physician to Dr. Cox and Dr. Mason (Pre-registration—preference given to second six months candidate)	1
House Surgeon to Mr. Beard, Mr. O'Flynn and Mr. Maynard (Pre-registration—preference given to second six months candidate)	1
Senior House Surgeon (S.H.O.)	1
Casualty Officer (S.H.O.)	1

NEW CROSS HOSPITAL

House Physicians in General Medicine and Paediatrics (S.H.O.)	1
(Pre-registration—preference given to second six months candidate)	1
Orthopaedic House Surgeons (Pre-registration—preference given to second six months candidate)	1
(S.H.O.)	1

The house appointments committee will also consider applications for the following posts and preference will be given to second six months applicants.

LEWISHAM HOSPITAL

House Surgeon to Mr. Lynn Evans	1
House Surgeon to Mr. Williams	1
House Physician to Dr. Price	1
House Physician to Dr. Roberts	1

MILLER HOSPITAL

House Physician to Dr. Hartley and Dr. Lessof	1
Senior House Officer in General Medicine and Paediatrics	1
House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner	1
House Sugeon to Mr. O'Flynn and Mr. Fyfe	1

ORPINGTON HOSPITAL

House Surgeon with Orthopaedics	1
House Surgeon with Physical Medicine	1
House Surgeon with E.N.T.	1
House Surgeon with Gynaecology (from 1.7.68)	1

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy	1
House Physician to Dr. Miller	1

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon to Mr. Le Brun and Mr. Cavendish	1

PRIZES

Treasurer's Medal and Prize in Clinical Surgery March, 1968

Miss G. W. M. Thompson	Medal and Prize

Beaney Prize for Pathology March, 1968

P. G. F. Swift	Prize
J. G. L. Morris	Certificate
E. Elias	Certificate

Charles Forster Prize in Cardiology February, 1968

G. D. Schott	Prize
A. Calin	Certificate
J. P. Miller	Certificate

Michael Harris Prize in Anatomy March, 1968

I. D. St. B. Starke	Prize
A. M. Ross	Certificate

Examination for the Prize in Pharmacology March, 1968

Miss A. M. Garnons Williams Miss J. A. Koeller	Prize Shared

Wooldridge Prize in Physiology February, 1968

A. Lalani	Prize

Gowland—Hopkins Prize in Biochemistry February, 1968

J. D. St. B. Starke Miss V. J. Vincent	Prize Shared

NEW STUDENTS

ADDISON, A. K. L.
Cranleigh School and Exeter College, Oxford.

BLACKWOOD, R. A.
Birkenhead School and Corpus Christi College, Oxford.

PANTIN, MISS P. L.
Howell's School, Denbigh, North Wales and Somerville College, Oxford.

WHITWORTH, MISS C. G.
Bournemouth School for Girls and St. Annes College, Oxford

PERSONAL

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DEATH

CHING—On 26th March, 1968, suddenly, Herbert Arthur Milton Ching, L.D.S., R.C.S. (Eng.) of 26 Beaumont Street, Oxford. Funeral Private.

CHANGES OF ADDRESS

Dr. and Mrs. J. M. Brummitt, 82 Marine Parade, Brighton, BN2 1AJ.

Dr. and Mrs. M. E. Conybeare, 5 St. Ronans Avenue, Redland, Bristol 6. Tel: Bristol 33247.

Mrs. Barbara G. Ghattas, 2116 T. Street, Sacramento, California 95816, U.S.A.

Mr. and Mrs. Martin Graham, Red Tile House, Ashwood Road, Woking, Surrey.

From 8th April, 1968, Dr. C. D. G. Johnson, 16 Southlands Estate, Hutton Hill, Weston-Super-Mare, Somerset.

Professor C. P. Wendell-Smith, Department of Anatomy, University of Tasmania, Box 252 C, G.P.O., Hobart, Tasmania, Australia, 7001.

Dr. and Mrs. Peter F. Stebbing (née Ashurst) 36 North Park, Eltham, London, S.E.9. Tel: 01-850 9098.

PAPERS BY GUY'S MEN

Bron, A. J. and others. Tonographic studies in carotid occlusive disease. *Brit. J. Ophthal.*, 1967, **51**, 1967.

Cawson, R. A. & Lehner, T. Chronic hyperplastic candidiasis—candidal leukoplakia. *Brit. J. Derm.*, 1968, **80**, 9.

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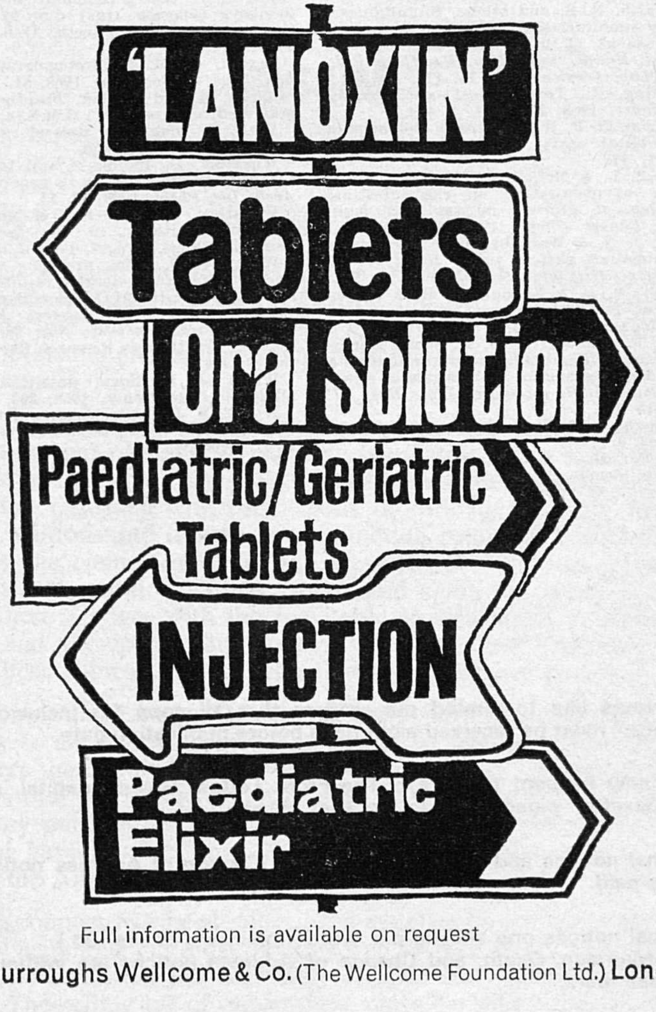
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Calne, R. Y. and others. A technique of orthotopic liver transplantation in the pig. *Brit. J. Surg*, 1968, **55**, 203.

Fairley. A. and Others. Total dose infusion of iron-dextran in the elderly. *Scot. Med. J.*, 1967, **12**, 208.

Fry, I. K., Factors affecting hypaque excretion in the intravenous pyelogram. *Proc. R. Soc. Med.*, 1968, **61**, 25.

Galbraith, N. S. & others. A clinical trial of Glenn type 3 attenuated poliovirus vaccine. *Arch. Ges. Virusforsch.*, 1967, **20**, 296.

Galbraith, 'N. S., Salmonella infection in a meat products factory: the role of the Medical Officer of Health. *J. App. Bacteriol.*, 1967, **30**, 148.

Galbraith, N. S., Bacterial food poisoning. Nursing Mirror, 1967, **124**, 7th & 14th July.

Galbraith, N. S., A national epidemiological service. *Pub. Health*, 1967, **81**, 221.

Galbraith, N. S. and others. Simultaneous primary immunization against tetanus and reinforcement of diphtheria immunity in children. *Month. Bull. Min. Health & Pub. Health Lab. Service*, 1967, **26**, 172.

Goulding, R., Toxicological case records. *Practitioner*, 1968, **200**, 319, & 459.

Harrison, D. F. N., Malignant melanomata of the nasal cavity. *Proc. R. Soc. Med.*, 1968, **61**, 13.

Hart, S. L. & McColl, I. The effect of the laxative oxyphenisation on the intestinal absorption of glucose in rat and man. *Brit. J. Pharm. Chem.*, 1968, **32**, 683.

Hunt, J. N. & Wan, Beatrice. Electrolytes of mammalian gastric juice. *Handbook of Physiology. Alimentary canal*, 1968, p. 781.

Ingpen, M. L. & Kendall, P. H. A simple apparatus for assessment of stiffness. *Ann. Phys. Med.*, 1968, **9**, 203.

Knox, R. & Pickerill, J. K. Steam sterilisation: a pre-sterilising stage combining a flush-aided pre-vacuum with bursts of steam above atmospheric pressure. *Brit. Hosp. J.* 1967, 15th Dec.

Langman, M. J. S., Carbenoxolone sodium. *Gut*, 1968, **9**, 5.

Langman, M. J. S., and others. Treatment of gastric ulcer with oestrogens. *Gut*, 1968, **9**, 46

Langman, M. J. S., and others. Treatment of gastric ulcer with carbenoxolone: antagonistic effect of spironolactone. *Gut*, 1968, **9**, 42.

Leibowitz, S., Kennedy, Lesley, & Lessof, M. H. Antilymphocyte serum in the later stages of experimental allergic encephalomyelitis. *Lancet*, 1968, **1**, 569.

McCallum, R. I. Decompression sickness: a review. *Brit. J. Indust. Med.*, 1968, **25**, 4.

Martin, J. A. M. Diseases of the ear, nose and throat in tropical Africa. *J. Laryngol.*, 1967, **81**, No. 10.

Meadow, S. R. Gastric teratoma. *Postgrad. med. J.* 1968, **44**, 183.

Picton, D. C. A. and another. Experimental mesial drift in adult monkeys (macaca irus). *Arch. oral Biol.*, 1967 **12**, 1313.

Picton, D. C. A. and another. Dimensional changes in the periodontal membrane of monkeys (macaca irus) due to horizontal thrusts applied to the teeth. *Arch. oral Biol.*, 1967, **12**, 1635.

Saxton, H. M. Nephrotomography simplified. *Proc. R. Soc. Med.* 1968, **61**, 27.

Smith, M. and another. *Buildings for General Medical Practice.* H.M.S.O., 1968.

Veall, N. Diagnostic uses of radioisotopes. *Hosp. Med.*, 1968, **2**, 460.

Wheatley, D. Incidence and treatment of infantile gastro-enteritis in general practice. *Arch. Dis. Child.* 1968, **43**, 53.

Wheatley, D. Influence of doctors' and patients' attitudes in the treatment of neurotic illness. *Lancet*, 1967, **2**, 1133.

Wheatley, D. Some problems of collating multi-participant research results. Excerpta Medica International Congress Series No. 129.

Wheatley, D. *ed. General Practitioner Clinical Trials.* Reports Nos. 98-115 of the General Practitioner Research Group; Practitioner, 1967.

Willis, J. H. Some problems of opiate addition. *Practitioner*, 1968, **200**, 220.

Wyard, S. J. Electron spin resonance spectroscopy of animal tissues. *Proc. R. Soc. Med.*, 1968, **302**, 355.

We would like to remind our readers that all copy for inclusion in the "Gazette" *must be received eight days before publication date.*

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT J. G. PAYNE
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2081

The opinions expressed in these columns are soley those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

For Sale?

When William Randolph Hearst, alias "Citizen Kane", made his regular and devastating raids on Europe and Britain for Objets d'art to beautify and imbue his Californian spread with the material culture of the Continental civilizations many passed it off as the barmy excesses of a billionaire.

But his example was not lost to many other fellow-Americans both private and representing wealthy foundations who since the last war have been Boeing back and forth across the Atlantic bringing dollars and returning with their spoils of rare manuscripts, original oils, first editions and folios. In the auction rooms of Sotheby's and Christie's one cannot move for the pressure of bidders in seersucker suits and buttoned-down shirts. Now and again an outcry is heard against these ravages with the inevitable British street collection of pennies and threepenny bits to save the "priceless" treasure from leaving these shores to those who have much deeper pockets.

We hear that London Bridge has been sold for a substantial sum of money to an American city who intend to re-erect the bridge and then divert the Colorado River to flow beneath it! Although about 150 years old, the bridge is not exactly an inspiring sight to behold, nor of any outstanding architectural significance. Nevertheless, the feeling of having something old and English is apparently of great value to the Americans.

This country has been suffering a balance-of-payments problem for some years and the most obvious step to take to try and improve this chronic condition has seemingly escaped our venerable administrators. The selling off of old bridges, churches and buildings which are crumbling, in disrepair and inadequate for the needs of a modern capital would be an excellent way to increase our diminishing store of the almighty dollar. Institutions hamstrung by their lack of financial resources are literally sitting on a potential gold-mine if they would only pluck up the courage and put their inadequate but quaint quarters on the market for the culture-vultures from across the waters.

Right here at Guy's, the cry for space, modern equipment, staff and decent accommodation heard each day in the committee and common rooms could become a cry of jubilation, and plenty of spare cash for investment, if we sold the lot to the Yanks. We should be sincere in our principle that it is what is in the building that counts and not what it looks like. Are there any offers?

Of Men and Machines

Two diversions from our everyday existence at Guy's, though not unexpected, are causing more pleasure and interest than might have been expected. The first is the return of Spring, which surprises no one, but which this year has produced from the ravages of the Park a most dramatic display of scarlet tulips. The second is the hole. The contractors have been digging a hole for the foundations of the Tower Block for the last two weeks, providing an endless source of distraction and amusement for everyone that has, or can invent, business in New Guy's House. The great mechanical shovel scrapes up mouthfuls of Southwark and fills up dumper trucks that take it away. The comment of an elderly patient viewing the progress of the machine from high in the soon-to-be-dwarfed New Guy's House, was a bit of an eye-opener to those of us who have grown up in the machine age.

"Once you'd have had two hundred navvies there, digging for six months to get you a hole that size."

And that, we suspect, was in the days before tea-breaks.

Comment

Our more observant readers (and we know there are some—they write frequently to point out unerringly our errors in punctuation) will have observed a new name amongst the list of contents on the front cover—Comment. This will, we hope, become a regular column of news, views and opinions contributed by our readers. The first few contributors have been invited by the editors to write, but we now make a general invitation to all and any of you seeking an outlet for pent-up emotions or platform for your pet point of view to commit your thoughts to paper and send them to us for publication in the column.

By "all" we mean all—Porters to Professors, Caterers to Consultants.

Sports Editor

Dr. John Payne, we regret, has resigned from his position as Sports Editor. Having held this post for some fifteen months, and recently qualifying, he has decided to make way for the younger generation. We are deeply grateful and appreciative of the service he gave to the *Gazette*, and the efficient way in which he cajoled continuously the various sports secretaries for improved reports.

The sports section of the *Gazette* is to many of our readers probably the most important part of the journal and consequently the editor of this section carries a great responsibility in providing a readable and entertaining column. His place is taken by Ian Morris, a graduate from Another Place, whose contacts amongst the sporting community are as wide as they are deep. We are quite convinced that the Payne tradition will be continued and expanded by Morris.

We wish Payne success and welcome Morris.

GUY'S DIARY

APRIL			
29th	M.	1.00	Clinical Lecture. Professor HUNT. "Diarrhoea."
30th	Tu.	1.00	Clinical Lecture. Mr. SCHURR. "Pituitary Tumours."
MAY			
2nd	Th.	1.00	Clinical Lecture. Mr. HARDWICK.
3rd	F.	1.00	Clinical Lecture. Dr. A. BARKER (Med. Supt. Charles Johnson Memorial Hospital, Ngutu, Zululand). "Medicine in Zululand."
6th	M.	1.00	Clinical Lecture. Mr. WELLS. "Icthyosis."
10th	F.	1.00	Clinical Lecture. Dr. HOUSTON.

Prizes

APRIL		
30th	T.	Golding-Bird, Gold Medal and Scholarship in Bacteriology. Entries close today.

MEDICAL NEWS STUDENTS' ESSAY PRIZE.

Subject: "The Doctor in the Permissive Society."

Prizes: £50, £25, and £10.

Closing date: 30th November, 1968.

Entry Forms: Essay Medical News, Bracken House, Cannon Street, London, E.C.4.

AUDIO-VISUAL AIDS

3. Medical Illustration and Photography

by

H. M. Saxton*

P. Archer**

J. F. Rytina***

Not surprisingly, the photographic unit at Guy's started in the X-ray department when, in 1918, Miss M. Davies began taking clinical photographs in a small room next to the Surgical Theatre. On her retirement in 1924 another radiographer, Miss Newman (Mrs. Hogg) was appointed as clinical photographer and in 1934 the studio was moved to the top of Hunt's House, where it remained for 13 years. On Mrs. Hogg's retirement in 1944, Miss S. Treadgold, M.S.R., was appointed as clinical photographer. At this time Dr. Hills became the unit's first Medical Director, remaining until 1946, when he was succeeded by Mr. Grant Massie. In 1947 the unit became the Department of Medical Illustration and Photography and was moved to its present position in the Old Pathology Block, where Miss Treadgold was appointed as Medical Illustrator in charge and Mr. C. Engel came as Head of the Photographic Department (remaining until 1966). In 1948, Professor Whillis became the third Director, and on his death in 1955, Mr. Reading took over until 1967. The present Medical Director is Dr. Saxton. The photographic unit was maintained by the Hospital until 1948, when the whole of the Department of Medical Illustration and Photography came under the management of the Medical School.

The need for an efficient central service providing illustrations, whether for hospital records, for teaching or for publication, is now generally recognised, but Guy's has been ahead of most other teaching hospitals in the size and scope of its Department of Medical Illustration and Photography. The list of previous Medical Directors, first of Photography and then of Medical Illustration and Photography, shows that there has been an interest in this field for many years. There are, of course, dangers in being first in the field but there is no doubt that we have a good basis on which to build in the future.

---

* Dr. Saxton is Director of the Department of Medical Illustration and Photography.

** Miss Patricia Archer is Head of the Medical Illustration Department.

*** Mr. Rytina is Head of the Photographic Department.

In many ways a Department such as ours resembles the National Health Service, with similar problems. We suffer from a continually increasing demand for our services and a pressing need for more space (fortunately to be met when the Tower Block is completed). We need expensive equipment to maintain our efficiency. We compete with industry for skilled personnel and with other departments of the Medical School for a share of the available resources. As with the Health Service there is almost no limit to our potential expansion while, in fact, we have to do the best we can with what is available.

It will be appreciated from the following accounts of the Photographic and Illustration Depts. that we are trying to provide a service to a very large number of people and we have constantly to review methods and techniques to ensure that we give the best possible results in the shortest time. This effort can be helped by various technical advances but these involve the continuous addition of expensive equipment and so the cost of the department rises. Even with the most modern equipment and methods the demand can become so heavy that in the interests of the majority some services have to be cut—a disquieting phenomenon which seems characteristic of this age.

The problem of demand itself arises in part from the relatively long tradition of a free service within the hospital and Medical School. This can lead to its being taken for granted and so may mean that unthinking, unnecessary requests are made—something with which the Health Service itself is familiar. It must be stressed that such requests can only do harm to a service department, by having a directly competitive effect on essential tasks; furthermore, those who do the work are usually well aware that it is not really essential, which they find very dispiriting. This is a great pity because those who are employed in the Department are proud to feel that they are contributing to the work of the Hospital and Medical School.

Both sections emphasise the continuous advances which are occurring in the field of medical teaching and this is not always appreciated. With the development of new techniques we have become aware that the phrase "audio-visual aids" arouses a wide variety of reactions from great enthusiasm to a weary smile. There are obvious explanations for both responses. The enthusiast sees the opportunities in the newer techniques—though he may be in danger of regarding them not as means to an end but as ends in themselves. The conservative recognises that the teacher is more important than the methods he employs—but he may fail to see that aids genuinely increase the effectiveness of any teacher and can help him to reach a wider audience. In fact, as the models in the Gordon Museum show, illustrations of various kinds have been used in medical teaching for many years and there is every reason to employ newer methods of illustration, whether by sound or vision, when they are appropriate. As these aids to teaching increase at Guy's hospital we hope that the Department of Medical Illustration and Photography will continue to contribute even more fully than in the past.

Photographic Department

The present department consists of:—

Head of Photographic department.
Two Medical photographers.
Secretary.
Printer.
Cine-projectionist and copyist.
Part-time lantern-slide binder.

Progress in the use of new photographic techniques has been gradual. There has been a large increase in colour photography and cinematography of patients. Ultra-violet and infra-red clinical photography has been simplified to that of routine technique. Diazo slides have been introduced and the most recent improvement of the service is the routine copying of colour transparencies.

To-day the Photographic department deals with about 320 individual requests per month, covering all aspects of clinical photography and cinematography, copying of charts, X-rays, tables, etc., resulting in the monthly production of:—

453 negatives.
746 prints.
455 black and white lantern slides.
608 colour lantern slides.

During the year we usually complete one major film and 12–15 shorter clinical films.

In spite of the development of virtually automatic audio-visual recording equipment, the duties and responsibilities of the Photographic department are likely to increase and broaden. There are, obviously some situations where research workers or doctors will find it more appropriate or convenient to secure their own audio-visual records and the Photographic department would be expected only to give advice and help. Nevertheless, a central department is essential for many reasons and it may be profitable to look into the future of the Photographic department within the Hospital and Medical School. The central unit should undertake all the photographic or audio-visual work which, because of its complexity or sheer quantity, cannot readily be carried out by an individual teaching department, research worker or doctor. The speedy production of large numbers of lantern slides, prints, teaching films, etc., are tasks requiring team-work, space and modern equipment, which are economical only when provided by a central unit. Possible future centralisation of all photographic printing within the School could save a lot of darkroom space and time. The department should help with the careful planning and standardisation of all audio-visual equipment throughout the School and Hospital. Maintenance and the pooling of equipment for recording and projection could be regarded as an additional useful function of the central department. A number of University Colleges and Institutions have carried out their own printing for a number of years, facilitating medical training and saving up to 50 per cent on normal printing bills. We would like to see the development of a central printing unit, using off-set lithography. It would be possible to print small instructional booklets for medical students, examination papers, pamphlets, forms, letter headings, etc., utilising line drawings, diagrams and photographs. As limited runs are quite practicable, no one item need be overstocked, so that any future modifications could be done with ease.

We would also like to introduce and investigate methods of using magnetic tape with cinematography (lip-synch.) and in medical sound recording and teaching.

It might be appropriate to mention here the training of medical photographers in this country, which is well advanced. The London School of Medical Photography was founded in 1952 as a non-profit making institution to teach the practice of photography in the medical sciences. Guy's is one of the eight medical institutions officially associated with the School. Full-time students (already qualified photographers) are taught during a specified period of time in each of the participating departments of medical photography (two months at Guy's). The total duration of the full-time course is 15 months. Lectures are given in anatomy and physiology, as these subjects, together with a general knowledge of medical terminology and a considerable number of diseases, must be taught to enable the student to apply a wide range of photographic methods to medical problems in research and teaching. Students also attend a course of lectures on the advanced theory of photography at the Regent Street Polytechnic. The London School of Medical Photography, through which all three medical photographers at Guy's have qualified, is considered one of the best of its kind in the world.

To have an efficient Photographic department it is essential for it to be well-equipped, well-trained and co-operative. We hope we do our best to provide members of the staff with a competent and willing service.

Medical Illustration Department

The graphic side of Medical Illustration started at Guy's in 1947, with one artist working on both illustrations and photography. The demand for work grew quickly and after nine months a full-time photographer was appointed. The artist was then free to concentrate on developing the art work and so the two departments of Medical Illustration and Medical Photography with one Medical Director came into being.

The Types of Work

At the time that this department of Medical Illustration was started the majority of medical artists working in hospitals did so mostly for individual authors and the work consisted mainly of anatomical drawing, paintings of pathological specimens, clinical appearances (e.g. deformities, skin conditions, etc.), endoscopic paintings and drawings of operative procedures, and were executed mainly for text-books.

In the last twenty years the work has changed quite considerably; while some work continues in much the same way, namely the drawings of operations (as the artist can be selective), the camera has almost completely taken over the specimen and clinical work. Endoscopic work (fundus paintings, gastroscopies, cystoscopies, etc.) is done by both artist and photographer. There are those who think the photographic colour work is adequate—whilst others still think the artist's eye for colour is more reliable. There is still a demand for anatomical work, and a great demand for drawings and diagrams which make any complicated procedure easier to understand—a drawing is the same in any language.

As other departments have developed so our type of work has expanded and apart from medical and scientific work for slides and journals can include anything from certificates for blood donors, badges, posters and wall charts, to felt animals for testing deaf children, cartoons for hospital pamphlets and designs for nurses' uniforms.

The types of work which have developed most in the last ten years are first of all the medical exhibit which can combine all forms of medical illustrations (drawings, photographs, X-rays, etc.) and can bring an enormous amount of information together in one space and so save the student time on research, secondly the technical drawing especially for the departments designing their own instruments and apparatus, thirdly the statistical work in the form of graphs, charts and tables which has grown largely with the research departments in the hospital and medical school.

Together with the photographic department we have produced films for both the Medical and Nursing staff. Filming requires a great deal of co-operation between artists and photographers. The titling and any drawings, diagrams and animations which may be required of us must be married extremely well to the film to make a smooth-running production. Unfortunately, it is very time-consuming.

There are a few medical schools which are using teaching machines whether it be something like the "Plessey Supervisor" or a simple "home-made" set-up consisting of tape recorder, projector and synchronizer. Judging by the success of the experimental work already done on this sort of audio-visual teaching, the building up of a collection of tapes on various subjects in this medical school would be well worth our consideration, and maybe eventually, with a number of tapes readily available for any student, will be a more useful teaching aid in everyday use than the conventional exhibit.

Development of the Department

The way in which the work has developed has, of course, influenced the way in which the department itself has grown. Whilst there is and probably always will be the need for both accurate and imaginative drawings related to the human body, the artist remains. At present we have four artists and a secretary/chartist. (Our full complement should be three artists and two chartists.) The Senior Artist has the Slade Diploma of Fine Art and the London University Art Teachers' Diploma and the experience of having worked as a Medical Artist in three other hospitals. Our first assistant is part-time, did a three-year art training at Redhill, and after two years' training in this department was taken on as a member of the staff. Our second assistant was not art school trained but worked for four years in a technical studio, and our fourth artist spent a year at Brighton Art School before doing the three-year Diploma Course at Kingston School of Art. She holds the Diploma in Art and Design. The fifth member of our staff is our secretary/chartist. Chartists are usually trained within the department in which they work. If one is lucky, as we have been, one finds a good secretary who has an interest in statistical work and flair for drawing and layout design. It takes at least two years for someone to be completely proficient in both the draughtsmanship and the medical and scientific terminology. Whilst we have, at present, an artist in place of a chartist, the artists have to do a certain amount of chart work. Three of the staff are employed full-time and two part-time; we work for approximately 96 departments and 400–500 individuals at Guy's, as well as the many others from hospitals in the Guy's group.

Specialised Training

It is obvious, if a medical drawing is to be successful the artist must know and understand exactly what he is to portray, and so a good training in medical work is essential. Most medical artists working in hospitals and medical schools have to do every type of work themselves, and it is partly for this reason that the Medical Artists' Association of Great Britain started, in 1962, a training scheme for Medical Artists. It is an eighteen-month course for students who have completed a four-year art training and preferably who have a Diploma of Art. These students work at a base hospital for twelve months and for six months work with medical artists in more specialised departments. Guy's, St. Bartholomew's and the Royal Marsden are the base hospitals in London. In September, The Royal Infirmary, Manchester, will be added to the list. So far we have not taken more than three or four students at one time, although there are more jobs in hospitals and medical schools than ever before, it would be unfair to train students and not be able to place them in a suitable post. Those in the Medical Artists' Association hope that the negotiations with London University and certain Art Schools will be successful and that the training scheme will eventually be recognised as a post-graduate diploma course. Unfortunately, in spite of the highly specialised work and the length of training, the salaries for medical artists start on a very low scale. Although we have a great number of enquiries every year about Medical Illustration as a career, very few people actually take it up and in spite of our training scheme it can be a real problem when a member of staff leaves, to get a replacement with the necessary ability and who is keen enough to do this work for so little financial reward.

There is a feeling amongst some people that the medical artist is outmoded and that a photographic department with a few chartists is the better arrangement. To those people we would say, come to our department and see the amount of art work we produce, and talk to the chartists in any department, who, while experts in their own field, will be the first to give credit to the artists for the work they appreciate but were never trained to do.

While it is true to say that you can give an artist a rough piece of paper and a pencil and he can produce a work of art, there are a few machines which make our work easier and quicker, and time is an important factor. We have to compromise between doing a piece of work as well as we can and making sure it is finished in the time allowed us. The electric typewriter has been a boon to us for the chart work, the heat mounter for exhibit work and the copy scanner (an enlarger and reducer) a time saver. We would like to go further and have a Starsettograph (photo lettering machine) which has been a great labour-saver in art studios for some years. While the I.B.M. executive typewriter is adequate for most departments, we think our work justifies the new I.B.M. Composer typesetter. We would also like a larger and cleaner department—(we literally sit on the hospital coke dump), but no doubt will have to wait for the Tower Block.

So long as there is original work being done in hospitals and medical schools, artists will be required to illustrate it, and we hope the Medical Illustration Department here at Guy's will always be the core of the Visual Aids Service, producing the basic materials for you, whether it be for slides, books, journals, films, or television presentation.

Guy's Hospital Society

South Wales and Monmouthshire

Under the presidency of Mr. Henry Lewis, the annual Dinner of the Guy's Hospital Society of South Wales and Monmouthshire was held at the Park Hotel, Cardiff, on Saturday, 23rd March, 1968, following the Wales *v* France Rugby International. On this occasion the Society's milk churn was in mourning, having been painted black following the incredible defeat in the Hospital Rugby Cup Final.

A large gathering welcomed the chief guest, Dr. P. J. Helliwell, who gave an excellent address, illustrated with slides, describing the present and future building developments at Guy's. Mr. J. L. Goodliffe was also present.

During the function, Mr. Morwent Brown was presented with a cigarette box in appreciation of his services as Secretary of the Society since its inception in 1953. He and another senior member, Mr. David Robinson, who is also the Society's photographer, were honoured by being made Life Members. This is a privilege usually reserved for senior members of the staff of Guy's who have attended the annual Dinner as chief guests.

The Society is in good heart and the members attend from far and near and from both sides of Offa's Dyke. They take pride in their Society and in its possessions, particularly the presidential chain of office complete with insignia, the teak gavel and the Society crest. The gavel was presented by the late Mr. W. W. Doherty who had it made from wood taken from the Guy's House of 1725, which was damaged during the blitz. A recent innovation has been the institution of a Society tie based on the Clubs Union design, the crests being intermingled with the Welsh Red Dragon.

COMMENT: IN-BREEDING

An hypothetical obituary notice and an invitation to comment.

Doctor A. W. (M.B.E., M.R.C.P.). Born 1980, the son of a Guy's physician, he decided to take up medicine and entered Guy's in 1998. He qualified with the conjoint diploma and held all the chief house appointments at Guy's. Thereafter, he worked hard and developed a shrewd clinical instinct (he was also a fast quarter-miler) and took the M.R.C.P. in 2008. After a three-weeks holiday in Leeds he returned to Guy's and was appointed chief assistant to the Department of Medicine. Three years later he was appointed to consultant status, which he enjoyed till ill-health forced his retirement 30 years later. During his long life his main activities were at Guy's and many Guy's friends enjoyed his hospitality . . . etc. etc. We offer our deepest sympathy to his wife and son, now Registrar at Guy's.

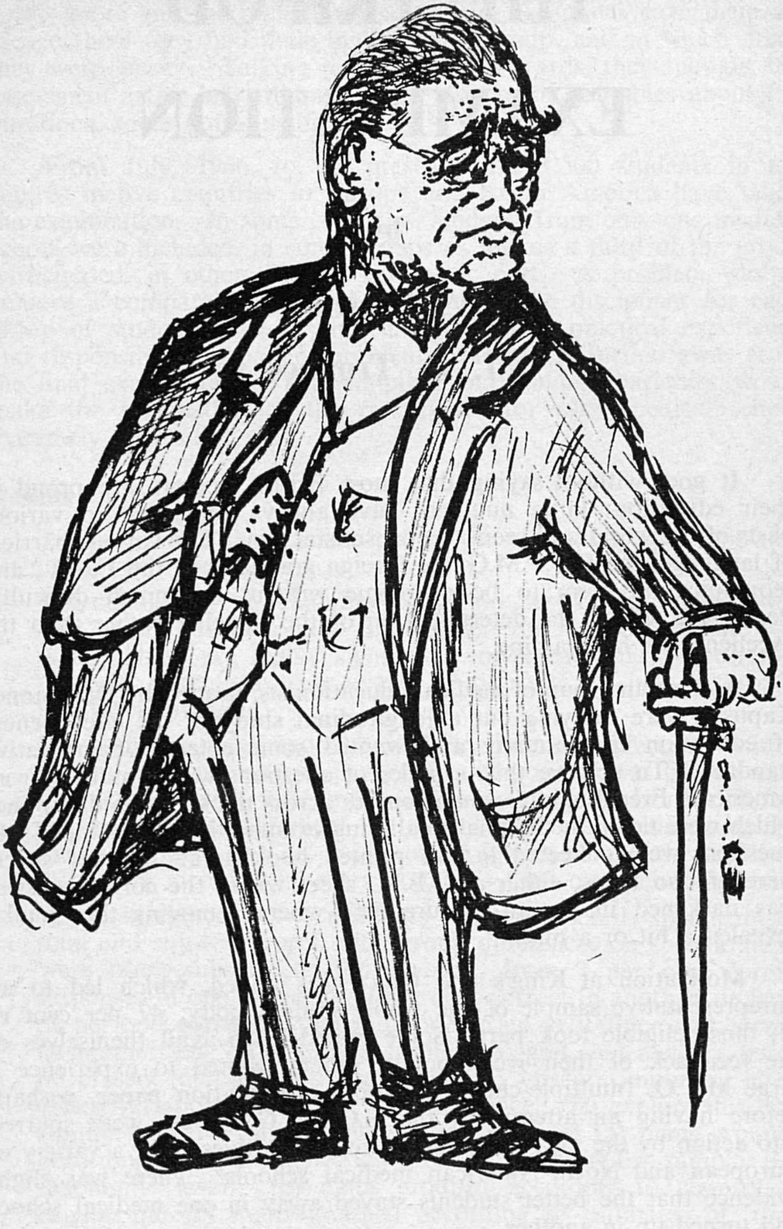
The Sceptic, perturbed by this irrevocable progress within the confines of the Borough, might perchance glance at a copy of an American journal :—

The obituary of a great American professor reads more like a "Greyhound" coach travelogue or a mystic fairy tale of a wandering wastrel :—

"Born in the Deep South, P.J.W. Jun., graduated from High School in Alaska and, after an exceptional four years at Yale, entered Stanford Medical School. Having captained the Chicago baseball team, this great All-American boy interned in St. Louis, rotated through the Mayo Clinic, Rochester, and soon made his mark at Columbia, New York. Thereafter, he disappeared from the face of the earth (assistant professor, department of tropical medicine, Rio de Janeiro), only to return to Johns Hopkins to become a much-loved professor of medicine. Three weeks later he died, bewildered and exhausted, but a great asset to American medicine. He leaves friends everywhere.

No doubt *still* sceptical, our friend searches for an acceptable compromise. He wants Guy's to have continual rejuvenation, new blood and new ideas but not at the expense of loss of continuity and diversity of loyalties. And so Guy's adopts a new approach (equivalent to the American first stage but ignoring the fiasco that follows):—The 50 graduates are put in order of merit and the results circulated to all teaching hospitals. The student applies to any hospital in England except his own, and after house jobs and membership, re-applies to Guy's. Meanwhile, Guy's learns from the best graduates of other English hospitals and in turn, teaches them. Amicably, after a refreshing four years' interlude, all situations are reappraised and the mother-hospital, if it so desires, re-embraces its prodigy (provided the latter has *not* emigrated or chosen Bart's, Leeds or Tommy's). Everybody lives happily ever after. To me, it seems incredibly logical !

Andrei Calin



Hedley Atkins

THE TRIPOD EXAMINATION

by

V. Parsons

J. R. Trounce

It goes without saying that most British doctors are proud of their education; large numbers have always emigrated to various parts of the world and seem to give satisfaction. The various barriers of language, the E.C.F.M.G. for foreign graduates in the U.S.A., and requalification seem to be overcome without too much difficulty. Perhaps it reflects the determination of the traveller rather than the excellence of his training.

A German group of medical educationists, headed by Dr. Hannes Kapuste, were carrying out a longitudinal study of the effectiveness of education in Germany and wanted some external comparative standard. To achieve this, a series of questions were obtained from American, French and German sources across the six main disciplines which were taken in the final qualifying examination. A total of 441 questions were collected in two printed booklets and answer sheets were of two types, either an I.B.M. sheet where the correct answer was darkened in, or an erasure type where removing the "gunk" revealed a hit or a miss.

Motivation at King's and Guy's was mixed, which led to an unrepresentative sample of the whole student body; 47 per cent of all those eligible took part. Some joined in to avail themselves of the feedback of their weak points, others wanted to experience a large M.C.Q. (multiple-choice question) examination paper, perhaps before having an attempt at the E.C.F.M.G. Some were spurred into action by the idea of taking on representatives from a variety of European and North American medical schools. There was slight evidence that the better students stayed away in one medical school and turned up in another.

The examination started in the morning with some idea of how many questions should be answered during each hour, but few realised that they might still be at it eight hours later with a few periods of in-flight feeding and drinking kindly provided by the medical schools.

Within a week, the results were computed out for each candidate a raw score and the breakdown across the disciplines gave them an idea of how they had done in their own group, and in which areas they were weak*. Talking to students afterwards, they thought the assessment a fair one although there were many grumbles about the questions, some quite justified.

From July, 1966, to the present time, 1,500 students in ten centres in five countries in Europe and North America have taken the examination. In some countries, students from only one medical school were included, in some groups as few as a third of the group participated, in others 90 per cent took part. A problem was to achieve a comparable period of training in the disciplines for each group of students tested, some had had more practical experience and responsibility in patient problems than others further away from the final examination. The sampling and training variables would make the publication of the raw scores for each medical school extremely misleading.

Results

However, with these limitations of the pilot study, the following results can be reported:

1. The coefficients of reliability using both test books ranged from 0.70 in one group to 0.90 for another, the median estimate was 0.86. These are highly significant coefficients and suggest that the tests were measuring overall ability and not just pockets of isolated knowledge.
2. On both the total and sub-discipline scores, differences within groups and between groups in the same country was greater than the international differences between samples from different countries. Comparison of the discipline scores yields essentially the same picture. This is interesting in that not all the six disciplines are included in every country's final examination profile.
3. While differences between groups was not generally significant on total and sub-test scores, inter-group differences on specific items were often substantial; for example, from 7 per cent correct responses in one group to 50 per cent correct in another, or from 56 per cent correct responses in one group to 100 per cent correct in another, etc. These data strongly suggest that analysis based on present total and sub-test scores may obscure important inter-group variation in patterns of competence. To explore this possibility further analysis is now being made of (a) items grouped according to the intellectual process purportedly sample (i.e. taxonomy level); (b) items grouped according to country of origin, and (c) items grouped according to estimates of their importance in the curriculum of co-operating institutions.

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*We understand that the interpretation of their results has given candidates considerable difficulty. Anybody who is interested can obtain help from Dr. Parsons, King's College Hospital.

4. The mean total score in National Board, Part II, for the 159 students from four schools in the U.S.A. was not significantly different from that of the total population taking National Board for qualifying purposes; there were, however, slightly more honour grades and slightly fewer failing grades among the sample populations than amount of the total population. For this sample, the correlation between total scores in the pilot examinations and on the N.B. Part II was high.

From these initial pilot experiences the encouraging facts are that it is possible to surmount language and professional qualification differences to design an instrument which could be used in a variety of ways in international testing.

Similar testing in an International Study of Achievement in Mathematics among children at various levels of secondary education has shown how differences in achievement can be correlated with a large number of valid instrument was one of the easier features; the difficulties arose in measuring the process variables.

Many questions and hypotheses remain to be answered and investigated in the field of medical education. Given a national deposit of ability are our selection processes allowing a true representation of the variety of talent to enter medicine? Do our training methods sustain the enthusiasm and interest which is such an important factor in achievement? What particular contribution do national training methods make towards the continuing education of the doctor in society? How do national needs for a variety of trained doctors make an effect on selection and training? How does achievement correlate with the training of teachers, the financing of the training, the research facilities, the part-time/full-time teacher ratios, lecture/practical time expenditure—to name a few possible avenues.

Secondary results from such a cross-cultural study should reveal the difficulties of an internationally acceptable qualification examination which might ease the recognition of medical degrees and aid the free movement of doctors across national borders as may be visualised in the Common Market in Europe or in wider secondment encouraged by such bodies as the World Health Organisation.

If any individual student would like to know how he compares with the National Board score, this information can be supplied from Munich, but is unavailable to us in England.

Acknowledgments

We are indebted to the students who took part in this pilot experiment, to the Deans of the two medical schools who willingly gave encouragement and facilities. The preparation and administration of the examination was provided by the staff of A.F.A., headed by Dr. Hannes Kapuste, supported by funds provided by the Volkswagen Foundation, Hamburg, Germany.

QUIZETTE : Chest Diseases

1. Miliary mottling on X-ray of the lungs occurs in:
(a) Asbestosis. (b) Fibrosing alveolitis. (c) Staphylococcal pneumonia. (d) Mycoplasma pneumoniae infection. (e) Scleroderma.
2. Respiratory acidosis may be due to:
(a) Status asthmaticus. (b) Pulmonary oedema. (c) Staphylococcal *pneumonia. (d) Lobar pneumonia.*
3. Bird-fancier's lung is characterized by:
(a) Airways obstruction. (b) Fever. (c) Clubbing of the fingers. (d) Precipitins against Aspergillus Fumigatus. (e) Râles at the lung bases.
4. The predominant organism in the sputum of children with bronchiectasis is usually:
(a) Strep. viridans. (b) Strep. pneumoniae. (c) Strep. pyogenes. (d) H. influenza.
5. The *radiological features of MacLeod's syndrome are*:
(a) Bilateral enlargement of the pulmonary arteries. (b) Unilateral miliary mottling. (c) Depression of the diaphragm on the affected side. (d) Poor peripheral filling of the terminal bronchioles on bronchography. (e) Bronchiectasis.
6. Kartagener's syndrome includes:
(a) Dextrocardia. (b) Atrial septal defect. (c) Sinusitis. (d) Bronchiectasis. (e) Hypogonadism.
7. The extra-pulmonary manifestations of carcinoma of the bronchus include:
(a) Hypercalcaemia. (b) Thyrotoxicosis. (c) Hypokalaemic alkalosis. (d) Polymyositis. (e) Subacute cerebellar degeneration.
8. Wegener's Granulomatosis is characterized by:
(a) An E.S.R. of more than 60 mm. (b) A marked eosinophilia. (c) *Haematuria.* (d) *Necrotic lesions in* the upper respiratory tract. (e) A tendency to spontaneous recovery.
9. Chronic obstructive bronchitis is usually associated with:
(a) Hypercapnia. (b) Centriacinar (centrilobular) emphysema. (c) Increased total lung capacity. (d) Impaired diffusing capacity. (e) Occurs in 40 per cent of cigarette smokers in Britain by the age of sixty. (f) Occurs in 10 per cent of cigarette smokers in Britain by the age of sixty.
10. Pleural effusions commonly occur in:
(a) *Sarcoidosis.* (b) Spontaneous pneumothorax. (c) Asbestosis. (d) Pulmonary infarction. (e) Scleroderma.
11. Spontaneous pneumothorax is a recognized complication of:
(a) MacLeod's syndrome. (b) Asbestosis; (c) Sarcoidosis. (d) Farmer's lung. (e) Marfan's syndrome.
12. Asbestosis is characterized by:
(a) Calcified pleural plaques. (b) A high incidence of malignant mesothelioma. (c) A high incidence of carcinoma of the bronchus. (d) Clubbing of the fingers. (e) Reticulated or miliary shadowing in the upper lobes.
13. The following Mycobacteria may affect the lungs in man:
(a) Myco Kansasii. (b) Myco. Xenopei. (c) Johne's bacillus. (d) Avium-like strains. (e) Myco. Marinum (Myco. Balnei).
14. Intrinsic asthma is characterized by:
(a) A family history of allergic disorders. (b) A previous history of allergic disorders. (c) Sensitivity to aspirin in 2–10 per cent of cases. (d) A better prognosis than extrinsic asthma. (e) Negative reactions to skin sensitivity tests.

15. Farmer's lung is :

(a) Due to hypersensitivity to Micropolyspora. (b) Accompanied by a raised gamma-globulin. (c) Characterized by miliary mottling in the lower lobes and hilar adenopathy. (d) Accompanied by severe bronchospasm in the acute phase. (e) Associated with a reduced arterial pco_2 in the acute phase.

QUIZETTE ANSWERS

1. **(A), (B), (E).**
2. **(A), (B).**
3. **(B), (E).**
   Ref: Hargreave *et al.* Lancet, 1966. 1. 445.
4. **(D).**
5. **(C), (D), (E).**
   MacLeod described unilateral emphysema, usually regarded as secondary to obliterative bronchiolitis in childhood. The pulmonary artery is reduced in size on the affected side. Ref: Thorax (1954) 9. 147.
6. **(A), (C), (D).**
7. **(A), (C), (D), (E).**
   A hypokalaemic alkalosis is characteristic of adrenocortical hyperfunction secondary to "non-endocrine" neoplasms.
8. **(A), (C), (D).**
9. **(A), (E).**
10. **(B), (D).**
11. **(E).**
12. **(A), (B), (C), (D).**
13. **(A), (B), (D).**
    Ref: J. Lab. Clin. Med. (1954) 44: 202.
14. **(C). (E).**
15. **(A), (B), (E).**
    Farmer's lung is the classical example of allergic alveolitis, and results from a type-3 hypersensitivity reaction to extracts of mouldy hay.
    Ref: Brit. Med. J. (1932) 2. 1143. Hospital Medicine (1967). 1123.

Compiled by P. W. Harris.

MAY BALL

1968

Come to Hurlingham on May 10th

and help redecorate the Pavilion at H.O.P.

Only 5 gns. from N. Irish and R. Carruthers (Residents), or R. Clark and M. Thomas (Club's Union).

NURSING SECTION

THE PIB REPORT

The first independent enquiry into the pay and work of nursing staff, since the inception of the National Health Scheme, has recently been published, under the auspices of the Prices and Incomes Board. The popular communication media have, of course, concentrated upon the pay rise awarded, and I think this can safely be ignored here, as all those who possess an interest in their salary are doubtless aware of the fortunes they are shortly to acquire. Needless to say, that over a period of three years, this pay increase does not violate the 3½ per cent maximum, as laid down by Her Majesty's Government!

However, there were detailed comments about training and management included in the terms of reference for this Report, that occupied a large part of the study by the working party. It recommends the commencement of nurse training at age 17, instead of the present 18 years, and suggests that where these young people are compelled to live in, the charge for board and lodging should be considerably reduced. On account of the early loss to the profession, of girls through marriage, it would seem wise that training should start earlier, then nurses can offer a longer period of service to their training hospital, after registration. The loss of the 'fourth year', for nurses training at Guy's could easily be made good once more.

The Report also proposes the removal of some of the more onerous, yet petty, restrictions on nurses' homes. In view of the recent Latey Report, the increased responsibility permitted young people certainly adds weight to this recommendation. Is it unreasonable that student nurses should entertain boy-friends in their rooms?

The part of the Report that has come under most fire, and rightly so, deals with nurse education. By the very nature of their job, tutors are among the most articulate members of the profession, and they are justly angered that this Report has lost an opportunity to increase the quality of nursing. A group of principal tutors from large London hospitals have written to the Minister of Health requesting a discussion about this serious lack, in a Report that presumes to encompass the entire function of nursing in the hospital service. It remains to be seen what response they get from Mr. Robinson. The statistical comparison will add opposition in bureaucratic circles concerned only with quantitative matters. (Student nurses have reduced their strength between 1963-66 by –0.8 per cent, whilst tutors have increased in the same period by +0.2 per cent.)

The recommended speedy implementation of the Salmon Report can only be briefly mentioned here. It has given rise to least comment, although the co-ordination of administrative posts, within the new grades, has given rise to doubts. Many people consider that a larger area administered by one person is less sympathetically managed, than a smaller one. There is undoubtedly more to be gained from active co-operation among the lower grades of staff, than so-called co-ordination by senior management. Remoteness leads to apathy, even though this may not be justified.

Nursing is a profession, but its method of training has greater affinities to a trade apprenticeship: the Report does nothing to alter this. Thirty per cent of hospital expenditure, in this country, is swallowed by nurses' salaries: the Report does nothing to redistribute this sum, in order to improve the *quality* of the service provided. Apart from a few commonsense suggestions, mentioned above, this Report has been wholly inadequate in proposing improvements to the nursing service that will benefit the entire community.

D. Cobell

CORRESPONDENCE

SIR,—May I wholeheartedly endorse *Passim* on the Final Joint Report — "The Junior Hospital Doctors' Charter". I recommend it to all junior staff and would-be doctors. Careful reading of it reveals that virtually no suggestions have been made to deal with the basic problems — namely a shortage of Consultant posts and the need for organised Specialist Training. It is amazing that such important negotiations should have been carried out without some estimate of the Hospital service's future needs in terms of Consultant and Junior Staff manpower.

There are no undertakings that the number of Consultant posts will be expanded. The Platt Review recommended an expansion of 400 per annum as a minimum, (the actual expansion in the past ten years has been 200 p.a.), while the Todd Commission makes estimates far in excess of that! The latter also endorses the recommendation of Specialist Registration, which the Report deliberately excludes. This has been widely expected to come, following the examples of countries abroad.

The Report recommends expansion of the Assistant grade. It states carefully that the number of Chief Assistants (Senior Registrars at present) must be tailored to the number of Consultant posts. It also states that, in order to meet service needs there will be many more "Registrars" than there are Chief Assistants. Thus, most Registrars and unlucky Chief Assistants will become Assistants for an indefinite period of time. If the usual channel of entry to Consultant grade is via Chief Assistant, then, inevitably, a number of fully trained Doctors will become Assistants with inferior pay, status, responsibilities and influence. Also, the Assistant grade will be filled by partly trained "Uncommitted" Doctors as well as part-time General Practitioners — in other words the grade will be a mixture of variously able and assortedly trained Doctors. They also suggest that Chief Assistants "waiting for Consultant posts" should occupy this grade. In view of such arrangements it is unlikely that anybody will opt to be considered of "Uncommitted" status in the three year training programme proposed. Doctors will be inclined to seek their careers abroad rather than become assistants. It is also stated that there will be no limit to the length of tenure of S.H.O. posts; the Platt Review and the Royal Commission both suggest abolition of this grade for that of Registrar (they do essentially the same work). One suspects that this grade will be used to provide service needs rather than training needs.

Once more the needs of the Service and its personnel have been underestimated. As you point out, when the negotiated points of the Report are put into effect the people they concern most will have no say in what finally comes about. It is already known that the Medical Assistant Grade is being expanded, rapidly in some areas of the Country, and that some Registrar and Senior Registrar posts are being converted to Assistant grade. This means that the Report is being enacted now — it is a *fait accompli* whether or not it states that it is "a basis for further and wider discussions". Our Seniors, as usual in the majority, have allowed the Junior Staff to be placed yet again in a position of susceptibility to exploitation. The young doctors' normal channels of representation have failed — good evidence that they remain inadequate.

We in the Junior Hospital Doctors' Association (J.H.D.A.) view the situation with growing alarm and feel that all concerned should have their attention drawn to this crass document. Some sort of protest is indicated before it is too late, in order that future Junior Hospital Doctors should have the opportunity to use their talents effectively in the future development of the Hospital Service.

Yours, etc.,

G. HAMBLETON,
Executive member of the J.H.D.A.

Lewisham Hospital, S.E.13.

Hong Kong — A Student Abroad

SIR,—It is with deep regret that an otherwise good article in the *Guy's Gazette* 13th April 1968 by Ken Brown should have been ruined for some readers by an ill-informed denigration of the Taoist religion unbecoming of a medical magazine.

This is not the place to explain item by item the exotic meaning of the points mentioned by Ken Brown or the pros and cons of Chinese medicine but I do wish to emphasize that it never ceases to astonish me that people of the West who have never studied or even bothered to learn under a competent teacher the religion concerned should arrogate to themselves the right to voice views and opinions.

Under these circumstances their views can only be based on emotionalism and their ignorance of Tao. Let us remember your magazine is read all over the world and religious sneerings must offend somewhere.

The "Recognised psychiatric condition, peculiar to the Chinese" referred to by Ken is far, far from being 'peculiar to the Chinese' and is the result of years of mental training and spiritual development which can be attained by any person of normal psychiatric make up.

These things should not be discarded as spiritualism and superstition' which have a different connotation in the West. It is mind development carried out on a system of reason directed at the relief of anguish, pain, worry, etc. Chinese religions are a social matter not lightly to be dismissed. There is an old Chinese saying that "Where the white man comes in, the spirits leave". It was Mencius who said "There is no greater robber than he who robs us of our liberty of thought". Let us not therefore in this modern materialistic age destroy that "Misdirected reverence" which is so sadly misunderstood in a West ruled by the gods such as Efficiency, Punctuality and Inordinate desire which are productive of so much spiritual unhappines in others today.

Chinese tea with no milk or sugar drunk in large quantities at all times of the day or night may well account for the absence of cerebral atheroma in the Chinese aged and also for the good quality of the teeth of those who for generations have used this custom. Let us use our knowledge to improve the Chinese medicine where it fails but not destroy the good that is in it already. The essence of Taoism is to be found in the following by Lin Yu Tang:—

> There is the wisdom of the foolish,
> The gracefulness of the slow
> The subtlety of stupidity,
> The advantage of lying low.

Yours, etc.,

O. BALIAN

Harcourt,
13, The Ridgeway,
Chatham,
Kent.

Farewell thanks

SIR,—Through the medium of the Gazette I would like to thank all those to whom I have not already written for the great kindness which they showed me on the occasion of my recent retirement.

The parties and presents given by the Board of Governors, the Pre-Clinical and Clinical Staffs of the Medical and Dental Schools, my ex-house Surgeons and Registars and the Staff of the Medical School Office were really wonderful and I am deeply appreciative of the kindness of all those who were associated with them.

Yours, etc.,

F. S. WARNER

15, Melcombe Regis Court,
59, Weymouth Street,
London, W.1.

Bostock House

SIR,—The Governors recently decided that the Intermittent Dialysis Unit, outside New Guy's House, should be called Bostock House. A number of people have enquired who Bostock was and perhaps a little information about him would be of interest.

John Bostock was born in 1773 in Liverpool, and studied at Edinburgh before Bright, graduating in both chemistry and medicine. He came to Guy's in 1817 as a teacher in chemistry and it was he who performed the tests on the blood and urine of Bright's patients with renal disease which formed such an important part of this work. During these studies he quantitated the urine and plasma protein and related the diminution in plasma protein to increase loss in the urine. Similarly, he noted that the urine was deficient in urea and that urea appeared in excess quantity in the blood. He also commented, as others had, on the milky plasma of some patients with renal disease, although it was Christeson in Edinburgh who showed that this was due to fat in 1829.

Bostock has received too little credit for his contribution to Bright's thesis, although Bright gives him full credit in his book of 1827. As well as this work on renal disease, Bostock also was amongst the first to describe hay fever but his importance lies in the fact that his collaboration with Bright seemed to mark the foundation of clinical chemical pathology as we understand it today. He died in 1843.

Yours, etc.,

J. Stewart Cameron,
M.D., B.Sc., M.R.C.P.

Department of Medicine,
Guy's Hospital Medical School.

The Wassailer's Farewell

ZUR,—

If Scrumpy be the ban on cure,
Then let me Colon Caulk,
But lift I up me cup to thee
For being such a sport.

'God bless 'e zur',

Rustic Bard Wotton

"Frangipani",
Roman Road, Bleadon,
Nr. Weston-super-Mare,
Somerset.

Miss D. Tark

SIR,—I am sure many Guy's men and women were as surprised as I was to note in a past issue of the *Gazette* the retirement of Miss D. Tark, the Assistant Matron in Charge of Nuffield House after so many years of loyal and devoted service to the hospital.

My most vivid memory of Miss Tark is as the "Midwife Supreme" on D. Floor, Nuffield House where she was in her eleventh among the mothers and Babies whom she adored, and in whom she inspired such confidence.

She must treasure many happy memories of those days, and of the "little Guy's" and others whom she helped to launch into this world, and of the high esteem in which she was held by the obstetric Staff .

May she find equal happiness and satisfaction in an active retirement and may she be blessed with good health in the years ahead.

Yours, etc.,

Jean Recknell

Chantry Green House,
Steyning,
Sussex.

OBITUARY

James Bromley, M.R.C.S., L.R.C.P.

The death took place at his home, "The Meadow", Castle Hedingham, on Friday, 5th April, of Dr. James Bromley, one of the best known members of the medical profession in north Essex. He was 89 years of age and had practised in the Castle Hedingham area for 62 years.

Educated at Epsom and trained at Guy's Hospital in London, Dr. Bromley qualified in 1906 and joined his father in his practice at Castle Hedingham two years later. He developed an extensive practice in north Essex and was on the surgical staff of the Halstead and Braintree hospitals for many years.

As long ago as 1923 he flew to Paris to perform an operation.

Always mechanically minded, he was one of the first motor-cyclists in the district. He became a well-known figure in the area on his Sunbeam machines and always wore a bowler hat when dashing around his practice. His accidents and narrow escapes have become something of a legend. The tale is told of how, in one accident at Yeldham, his knee was shattered and he helped put pieces of bone in place and patched up the knee until he could be got to hospital.

"Dr. Jim", as he was familiarly known, opted out when the National Health service came into operation and continued with a private practice. He was active almost to the end although his work had been severely restricted since having an accident at Braintree about 18 months ago.

His main hobbies had been shooting and tennis.

A widower, he had been twice married and leaves a son and daughter.

Head Nurse B. G. Sauvé

The nursing staff learnt with deepest regret of the tragic death of Nurse Sauvé following a road traffic accident near Dorking on Easter Saturday.

Nurse Sauvé was a native of Winnipeg, Manitoba, and came to Guy's to join the March 1965 Set. From the very start of her training, Nurse Sauvé depicted the true warmth, vitality and charm of the Canadian people: she adapted quickly to our English customs and the traditions of Guy's. It may truly be said of her that her spontaneity and kindness contributed considerably to the happiness of her friends and colleagues. It was a cruel accident which brought her death at the untimely age of twenty-two years; she will be sorely missed. We offer our profound sympathy to the Sauvé family in their tragic loss. May she rest in peace.

Anne M. Johnson

Erratum: The Obituary of "Daisy" Harrison was written by Miss MacManus and not E. Burch as stated.

NOTICES

MUSIC CIRCLE

There will be a meeting on Tuesday, 30th April, at 7.30 p.m. in the Music Room, East Wing.

The subject: "Hedley's Hobbyhorses," by H. Berry.

Everyone welcome. Coffee will be served during the meeting.

SPORT

Summer sport has now taken over both H.O.P. and the minds of many students. Most of the Rugby, Hockey and Soccer players have decided to turn their hands to the more subtle sports of summer time, while some members of the hospital have emerged from hibernation to further the causes of cricket, tennis, athletics and various other interests. There are, of course, some people who consider the weather rather too hot for vigorous exercise and have retired for the summer recess, to the dark delights of the Bar.

The rugby club finished up their season on a sad note. The final 1st XV game was against Old Whitgiftians, and on a beautiful afternoon Guy's failed against a side who were keen to demonstrate their superiority. Generally the forwards played well, and for the first twenty minutes of the second half were completely dominant. The backs were unable to capitalise effectively and in the final twenty minutes even the pack lost interest in the proceedings. John Ross was injured in the first half and left the field soon after the restart, when Guy's led 5-3. Novak scored the try and Davies converted it. Old Whitgiftians went into the lead with a penalty goal scored from in front of the posts on the '25'. Novak almost scored again after intercepting and running 70 yards, but he was brought down short of the line by a superb covering tackle. Finally Old Whitgiftians were presented with a try about 5 minutes from the end, when utter confusion reigned in the whole Guy's team. With the ball on the ground on their '25' nobody fell on it, picked it up, or tackled the opponent who finally snapped it up.

RUGBY

UNITED HOSPITALS SEVEN-A-SIDE TOURNAMENT

The U.H. Sevens Tournament was held on Sunday, 7th April, on the Middlesex ground. The afternoon began with a re-draw following the withdrawal of half the competitors.

Guy's 2nd VII, fielding J. Davies, C. Neville and P. Peace as the scrum beat a lively U.C.H. VII by dominating the possession and relying on the energy and speed of Cheeseborough.

They were then faced with a competent St. Thomas 1st VII. Guy's would probably have stood little chance by playing orthodox sevens and the ball was therefore kept locked in the scrum or close to the touchline. Guy's thus emerged victors of what must have been one of the toughest games of sevens ever played.

The 1st VIII made thier debut, and exit, against Bart's 1st VII. The determination in tackling and speed on to the ball, shown at Esher, were not in evidence. Nevertheless Guy's scored three tries though Forbes and Rowlands (2), but Bart's scored two goals, one of them as Britton was ushered quietly over the line by three would-be tacklers. Guy's then lost by 10 pts to 9 after two calamitous attempts at a conversion in front of the posts.

The onus was now on the 2nd VII. For a while it seemed that the previously successful tactics might prevail. However, good distribution by MacIntyre and Britton enabled Bart's to win the cup by 13 pts to nil.

Teams: 1st VII: J. M. Novak, R. Beacham, B. J. Rowlands, P. G. F. Swift, M. Forbes, D. Curzon, J. M. Cockburn; 2nd VII: J. Shutes, D. G. Lewis, M. J. Cheeseborough, W. W. Davies, C. G. Neville, J. E. Davies, P. K. Peace.

J. M. COCKBURN

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MIDDLESEX 7-A-SIDE TOURNAMENT

Preliminary Round, Kidbrooke, April 20th

Guy's had two teams competing in this preliminary tournament. While neither achieved a position in the final round on April 27, they played some good sevens-style rugby mixed with rather more mediocre stuff. The two teams were below strength, Novak, Ross and Williams being unfit, while in the 2nd VII's first game, Elliott was injured and could not play in their other game.

The 1st team started off the afternoon with a preliminary round victory 17-0 against Bromley II, and they didn't have to extend themselves unduly. In the same round the 2nd team played intelligently against Old Askeans II and two tries were scored by Shutes, both converted by Elliott. In the 1st round they lost their nerve, and were quickly 5-0 down to Streatham-Croydon I, but John Davies amazed the large Guy's gallery by replying with a 30-yard penalty goal The 2nd team then tried to get into the lead but over-anxiousness led to errors and Streatham-Croydon went further ahead, after a good passing movement from inside their own half, to win 10-3.

Meanwhile the 1st team had won their first round game against Old Askeans I 14-5 after being 5 points down. First Cockburn scored and then Price and Rowlands (2 tries each) assured Guy's of victory. Their next game was against a big, but rather slow-moving Emmanuel College side. The team played imaginatively and well with some good passing to create openings. Rowlands (2) Curson, Cockburn, Thorburn and Forbes all scored in the biggest victory of the afternoon.

In the first semi-final Guy's came up against Streatham-Croydon II. This game was fast and furious, even if effort was misdirected at times. Rowlands scored a penalty goal first and then Price went over in the corner after a very good movement involving the whole team. However in relaxing a little in preparation for the final game, Streatham-Croydon II were able to snatch a try, which was converted. Guy's then had to open up the game and do some hard running, before Rowlands talked and side-stepped his way through the opposition for a converted try, the best of the afternoon.

Streatham-Croydon I arrived at the final after an easy 20-0 victory over Eton Manor in a game where they barely moved faster than walking pace. In the final they appeared a fresher side than Guy's who had played one more game in the afternoon. Streatham-Croydon went into a 5-0 lead after a good counter-attack from their own '25'; they then dominated play until in the second half, they scored another good try. Their last try was presented to them straight from the kick off. After this Guy's played better and took the initiative, but it was too late and their only consolation was a try by Price in the corner converted by a fine kick from Rowlands. So the large number of Guy's supporters were disappointed at the 15-5 loss, yet happy to have exercised their diagnostic talents on a certain member of the winning team.

TEAMS—I:—J. F. Price; R. J. Beacham; B. J. Rowlands; C. W. Thorburn; J. M. Cockburn; D. A. Curson; M. Forbes. II:—J. Shutes; M. Cheesborough; D. R. Elliott; P. G. F. Swift; C. Neville; G. C. Voss; J. E. Davies. Res.—D. G. Lewis.

BOAT CLUB

TIDEWAY HEAD — GENTLEMEN'S VII

The appeal for support for the Gentlemen's VIII was successful in producing a turn-out of many of Guy's names, even though the attached bodies had undergone some transformation.

The crew started the row at 5, 10 and 17½ and by Barnes Bridge had settled into the relaxed powerful 20 that was to characterize their progress of the remainder of the race.

Several of the 47 crews who passed commented on the sporting attitude of such a crew, to whom the competition spirit meant more than the triviality of winning.

Far from winning, the intention was to come last and as the crew sat in the shadow of Harrod's consuming their light refreshments, they felt sure that they would achieve this.

Then disaster struck. King's College III sank, but salvaged the boat and completed the course in 35 mins. topping our all-time record of 29—35 by an indisputable 5 minutes.

So failure hit Guy's yet again. To what can this be attributed? Certainly not the cox, who resolutely steered through all difficulties and collisions without turning a windswept hair, nor to the rest of the crew who admirably overcame the combined adversity of a leaking boat and overtraining. (?)

Luck was not on our side, but who knows? Next year. . . .

Crew: Bow N. G. Daws; 2, T. N. D. Peet; 3, J. Williams; 4, M. Gross; 5, B. A. Ross; 6, P. Burton; 7, M. Mace; 8, J. K. Skuse; 9, Mr. J. Mansie.

READING HEAD 1st VIII

The course at Reading is 3¼ miles, and Guy's, starting 38th of 153 crews, paddled off from the start at a rate of 34 strokes a minute. After a quarter of a mile Eton 11, coming up rapidly from behind, managed to overtake us just before Rat Island Gut. Unfortunately they met with another crew in the Gut and as the river is too narrow there to allow overtaking Guy's had to paddle light until the Gut was clear. Then with Clear water in front the 1st VIII put on the pressure, soon overtook St. Edward's School and rowed the rest of the course with spirit. Result: finished 67th.

The University of London crew rowed well in this competition to beat Oxford University disguised as Isis I. The cox of the London crew was a Guy's man, T. Kirk.

THE TIDEWAY HEAD, 1st VIII

The course for this race is from Mortlake to Putney, which is a distance of 4½ miles. Guy's started 60th of the 370 crews that entered for the race. We started well, and were actually gaining on St. Paul's School as far as Hammersmith Bridge. At Harrods, however, a strong head wind forced the rating down and two crews passed us during the long struggle to Putney Bridge. A third crew overtook us on the straight at Putney, but were held in the final sprint to the finish. Result: finished 142nd.

The "Head" results have been fairly satisfactory this term. Although we lost ground in the Tideway and Reading races, our positions were around the average for Guy's VIII's and higher than any other London College except Imperial.

Crew: Bow R. C. N. Pinckney, 2 P. Moulder, 3 D. Gillman, 4 M. Hunter, 5 A. J .Hodgkinson, 6 R. D. Forrest, 7 J. A. R. Pook, Stroke R. Pearce, Cox C. Woodhouse (Reading) and D. Stanley (Tideway).

THE TIDEWAY HEAD, 2nd VIII

Guy's 2nd VIII started at number 160 and were rowing well as far as Hammersmith Bridge, having reached Barne's Bridge in the creditable time of 3 minutes and 15 seconds and not having been overtaken by any other crews. At Hammersmith a crab was caught and the VIII had to stop to recover a blade. This, combined with a strong head wind after the bridge, sapped both the energy and determination of the crew and they were passed by several of the pursuing crews. With only a weak effort at the finish, the eight descended from 160th to 283rd out of 379 crews.

Crew: Bow N. Astbury, 2 M. Gleeson, 3 P. Wright, 4 J. Tennant, 5 D. Palin, 7 J. Swain, stroke J. Osborne, Cox R. Ashman.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL
JUNIOR STAFF APPOINTMENTS 1968-69

Applications are invited for the following appointments to the Junior Staff of Guy's Hospital commencing on 1st October 1968, for the session 1968-69. Forms of application are obtainable from the Superintendent and should be lodged with him not later than **17th May 1968:—**

Anaesthetics	
Senior Registrars	3
Registrars	3
Registrar (a)	1
At St. Olave's and New Cross Hospitals	
Registrars	2
Cardiology	
Senior Registrar	1
Junior Registrar	1
Child Psychiatry	
Senior Registrars	2
Registrar	1
Clinical Pathology	
Senior Registrar	1
Registrars	3
Registrar (Haematology)	1
Dermatology	
Registrars	2
Diagnostic Radiology	
Senior Registrars	3
Registrars	2
Trainee Registrar	1
Dialysis Unit	
Registrar	1
Ear, Nose and Troat Surgery	
Registrars (b)	2
Endocrine and Radioisotopes	
Registrar	1
Geriatrics	
Senior Registrar (c)	1
Medicine	
Registrars	3
Junior Registrars	4
At New Cross Hospital	
Registrar	1
At St. Olave's Hospital	
Registrar	1
Junior Registrar	1
Neurology	
Senior Registrar	1
Registrar	1
Obstetrics	
Senior Registrar (d)	1
Registrar	1
Ophthalmology	
Senior Registrars (part-time)	2
Registrar (part-time)	1
Junior Registrar	1
Orthopaedics	
Senior Registrar	1
Registrars (e)	2
Orthopaedic and Casualty	
Registrar	1
Paediatrics	
Senior Registrar	1
Registrar (a)	1
Physical Medicine	
Senior Registrar	1
Registrars (f)	2
Psychological Medicine	
Senior Registrar (d)	1
Registrars	3
At St. Olave's Hospital	
Registrar	1
Registrar (g)	1
Radiotherapy	
Senior Registrar	1
Registrar	1
Surgery	
Senior Registrars	3
Registrars	2
Junior Registrars (h)	4
At St. Olave's Hospital	
Registrar	1
Thoracic Surgery	
Senior Registrars	2
Registrar	1
Urology	
Senior Registrar	1
V.D.	
Registrar (part-time)	1

(a) Registrars under the Exchange Scheme

These appointments are under the Exchange Scheme and will be made jointly with the South-East Metropolitan Regional Hospital Board and Guy's Hospital, in the following specialities with a 2-year tenure of the posts. Applicants will be required to spend one year at Regional Hospitals in the Groups mentioned:—

Anaesthetics Brighton and Lewes Group
Paediatrics Brighton and Lewes Group

(b) Registrars in Ear, Nose and Throat Surgery

Appointments to these posts may involve spending one year at Lewisham Hospital under an Exchange Scheme with the South-East Metropolitan Regional Hospital Board.

(c) Senior Registrar in Geriatrics

This appointment is under the Exchange Scheme and will be made jointly with the South-East Metropolitan Regional Hospital Board and Guy's Hospital, with a 2-year tenure of the post. The first year of the appointment will be held at St. Helen's Hospital, Hastings, and the second at the Guy's Unit, New Cross Hospital.

(d) Senior Registrars under the Exchange Scheme

These appointments are under the Exchange Scheme and will be made jointly with the South-East Metropolitan Regional Hospital Board and Guy's Hospital, in the following specialities with a 4-year tenure of the posts. Applicants will be required to spend periods as stated in the Regional Hospitals in the Groups mentioned:

Obstetrics Bromley Group (2 years)
Psychological Medicine Bexley Group (19 months)

(e) Registrar in Orthopaedics

Appointment to these posts may involve duties at St. Olave's Hospital.

(f) Registrar in Physical Medicine

These appointments will also involve duties at New Cross and St. Olave's Hospitals on a day-to-day basis.

(g) Registrar in Psychological Medicine at St. Olave's Hospital

This appointment is under the Exchange Scheme and will be made jointly with the South-East Metropolitan Regional Hospital Board and Guy's Hospital, and will be held at St. Olave's Hospital and Bexley Hospital.

(h) Junior Registrar in Surgery

Two of these appointments will be two-year rotating appointments with duties for six months at the Maudsley Hospital. Appointment for one year in the first instance—renewable.

April 1968.

GUY'S HOSPITAL MEDICAL SCHOOL JUNIOR STAFF APPOINTMENTS, 1968-69

Applications are invited for the following appointments to the Junior Staff of the Medical School, for the session 1968-69, commencing 1st October 1968. Forms of application are obtainable from, and should be lodged with the Dean, not later than **17th May, 1968.**

Anatomy	
Junior Lecturer	3
Junior Lecturer (part-time)	1
Chemical Pathology	
Anderson Demonstrator	1
Clinical Pharmacology	
Lecturer	1
Medicine	
Lecturers	2
Junior Lecturers	2
Poulton Fellowship	1
Physiology	
Junior Lecturers	2
Surgery	
Lectures	2
Junior Lecturer	1
Student Health Service	
Assistant to the Director (part-time)	1

The Adrian Stokes Memorial Fellowship

The Fellowship is open to qualified Medical Practitioners or Graduates in Science, in Pathology, or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure, at a University, School or hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £460.

The Beaney Scholarship for Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the value of approximately £150 per annum.

PRIZES

TREASURER'S MEDAL AND PRIZE IN CLINICAL MEDICINE, MARCH, 1968

The following awards have been made:—
G. D. Schott, P. G. F. Swift—Bracketed equal, awarded a medal and half the value of the prize.

GILLESPIE PRIZE IN PSYCHOLOGICAL MEDICINE MARCH 1968

P. Sweny	First Prize
M. A. Simpson	Second Prize

THE FREDERICK GEORGE LARKIN PRIZE IN MEDICINE MARCH 1968

H. J. Rogers	Prize

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G. R. Webster

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D. J. H. Richmond
P. J. Snow
P. A. D. Williams
E. Young

UNIVERSITY OF OXFORD

2nd B. M. Examination

Pharmacology and Principles of Therapeutics

T. H. P. A. Davies

General Pathology and Bacteriology

R. J. Jacoby
A. G. Samuel-Gibbon

Special and Clinical Pathology

J. G. L. Morris

FINAL STATE EXAMINATION

February 1968

Alford, P.
Blake, C. (*née Pipes*)
Bonham, E. M.
Bowen-Simpkins, K. (née Ganguin)
Calvert, C. M.
Campbell, D. S.
Chester, P. A.
Cox, J. E.
Davie, R. A.
Davey, A.
de Bussy, A.
Dodd, P. M.
Drake, J
Duggan, J. M.
Ely, B. J.
Evans, I. A.
Eynon, C. J.
Ferguson, M. E.
Green, P. J. (née Taylor)
Gronhaug, P. A.
Gumpert, G. K.
Hall, S. M.
Hatch, A. M.
Haynes, J. F.
Helme, M.
Hosker, C. A.
Hughes, M. V. M.
Hurst, G. W.
Kemp, P. M.
Le prevost, C.
McAllister, E. G.
MacRae, M. A.
Norrish, R. J.
Peace, J. E.
Pettitt, S. C.
Richmond, G.
Scott, J. M.
Sharp, M. J. F.
Sladden, I. J.
Stephens, J. M.
Stone, S. E.
Thoday, S.
Trevelyan, M. M. E.
Tritton, S. M.
Tudor, M.
Viner, E.
Warburton, S. M.
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Wrench, M.

COMBINED TRAINING WITH MOORFIELD'S EYE HOSPITAL, E.C.1

Bonner, F. A.

SCHOOL OF DENTAL HYGIENE

Certificate of Proficiency in Dental Hygiene

March, 1968

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Susan Donald
Susan Irving

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WANTED—Holiday locum for very rural Guy's practice in the foothills of the Cheviots July 6th—29th and August 24th—September 12th. *Cottage Hospital—own E.C.G.—interesting* and varied work—car provided. Bell and Armstrong, Rothbury, Northumberland.

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Mr. and Mrs. G. A. Kerr and William, 47, Beaumont Street, London, W.1. Tel: 01-935 6494 and "Cleeve Priors", 11, Westmeston Avenue, Rottingdean, Brighton, Sussex. Tel: Brighton 34759.

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Miss M. Wilmshurst, 4, Park Farm Road, Bromley, Kent. BR 2PF. Tel: IMPerial 3701.

BIRTH

SHAW—At Simpson Memorial Maternity Pavilion, Edinburgh, on March 14th to James and Ann Shaw (née Campbell) a son, John Hamish.

MARRIAGE

STURZAKER—FEATHERSTONE—On Saturday, March 30th, 1968, at St. Peter's Church, South Croydon. Hugh Gerald Sturzaker, M.A., B.M., B.Ch., to Ann Elizabeth Featherstone, S.R.N.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2082

The opinions expressed in these columns are soley those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Public Problem

The medical profession has always tended to regard the lay public with a somewhat paternal air. The child is dependent and a little frightened and Big Daddy is there to comfort. Nevertheless, the Public Body sees itself as sacred.

All the same the Public Body is not quite sure what goes on inside itself, being relatively solaced by a rudimentary knowledge of pumping heart, clean and dirty blood, and the importance of keeping regular—all mainly gleaned from the *Readers Digest*. The Public Body, armed with these disconnected pieces of information, will fight to keep itself intact and uphold its concept of the mystique of bodily life rather than come to grips with crude biological terms and practicalities.

This attitude is well illustrated by recent remarks commonly overheard on the public transport system such as "Nobody is going to take my heart from me. . . . " The contemporary fear is of ghoulish surgeons patiently twiddling their thumbs until the victim is dead and then of organs being ' untimely ripp'd ' from the corpse not yet cold.

"Did you know that they have cadavers floating in tanks?" Imagine the somewhat deadly situation of being bumped by another of not quite the same social class! One wise-guy is even contemplating manufacturing big shiny plastic lapel buttons with the slogan, "I don't give organs."

Of course there is the reverse side of the coin—one day the Public Body may itself need to permanently borrow an organ in its desire for longevity. With the extraordinary adroitness the Public Conscience manages to accept this possibility and the Public Mind probably foresees shiny banks where one goes to choose the size and colour of the organ required. "Hmm, now let me see . . . yes, I'll take the yellow one, size 14½." Smiling assistants will parcel the purchase (or alternatively one might obtain it on the N.H.S. never-never system) and then one would happily trot along to arrange for a suitable surgeon to perform the necessary.

Inevitably, education of the Public is essential—and in this case relatively simple. "Give your Body for Britain", might prove an effective slogan with the public assured that each organ, when removed, will be duly stamped with a Union Jack.

1 + 1 = 2 ?

Disregarding all feelings of loyalty to our own Hospital, the recommendation of the Royal Commission on Medical Education that all the London Medical Schools should be paired off is still hard to understand.

The word used is "combination", but there seems to be no limit to or explanation of this term. If it means that all pre-clinical students from each School should share facilities, then either a vast expansion of these facilities in one of the two Schools will be necessary in order to accommodate the increased numbers or else the students will commute from one to the other in a continuous procession. The financial difficulties of the first are only exceeded by the physical problems of the second suggestion.

If the combination is to extend to the Clinical period, then an even worse situation can be envisaged. It would seem an impractical and retrograde step to attempt to move the whole of Guy's to Denmark Hill (and turn the Tower Block into flats?), and the reverse is equally unrealistic, so we have the prospect of students (even with the shorter clinical course envisaged by the Commission) turning prematurely grey on account of the trauma of shuttle-cocking between the two places.

There seems no way in which this combination can help solve the impending shortage of doctors reported by the Commission. By all means build new Medical Schools and reorganise the old ones to become more efficient, but the suggestion of combination seems totally unrelated to these issues and not at all conducive to an increase in their efficiency.

First in Britain

Guy's is very proud to claim for itself a son, albeit adopted, who has recently made English history in perfoming the first heart transplant in these isles. Mr. Donald Ross is South African by birth and undergraduate medical training, in fact from Cape Town, which gives that country, and the city in particular, the satisfaction of still being one-up. He has for some years been Assistant Surgeon to Lord Brock, the father of open heart surgery, in the Thoracic Unit. We offer him our congratulations and wish him much success in this undertaking.

Two other members of the Transplant Team were Guy's trained. Professor Batchelor, who did the tissue-typing, was formerly a Senior Lecturer in Immunology at Guy's and is now Professor of Immunology at the McIndoe Research Unit, Queen Victoria Hospital, East Grinstead. The other member is Mr. Donald Longmore, one-time Lecturer in Anatomy at Guy's and now Consultant Clinical Physiologist at the National Heart Hospital where the transplant operation was performed. To them as well our heartiest congratulations.

New Dean of Dental Studies

Professor R. D. Emslie (Department of Preventive Dentistry) has been made Dean of Dental Studies at Guy's Hospital Dental School on the retirement of the previous Dean., Mr. F. S. Warner. Professor Emslie became the first ever Sub-Dean of Dental Studies about eighteen months ago, prior to the departure of Mr. Warner and in this way had been in an advantageous position with respect to the problems which accompany his new position. We wish him well during his period of office which coincides with the implementation of the controversial new dental curriculum (to be published shortly in the *Gazette*), and the construction of the new Dental School in the Tower Block.

Paul Coates

We are deeply saddened by the recent death of Paul Coates, who had just passed his 2nd M.B. He was tragically killed in that disastrous air accident which occurred over South-West Africa when returning from his home in South Africa, where he had been visiting his parents. The tragedy is made all the more appalling by the youthfulness of the man who will be missed by many of those who knew him. We offer his parents and family our deepest sympathy.

GUY'S DIARY

We offer our warmest congratulations to the following :—

Dr. Mary Sheridan, who was awarded the James Spence Medal in recognition of her "outstanding contribution to the advancement of paediatric knowledge." [Dr. Sheridan is a Research Fellow at Newcomen Centre, Guy's, for Handicapped Children, with special relation to Audio-Visual development.]

Dr. S. R. Meadow, who was awarded the Donald Paterson Prize. [Dr. Meadow is a Senior Registrar in the Department of Paediatrics, Guy's.]

Both these awards were made at the recent meeting of the British Paediatrics Association held in Dublin.

Dr. Charles Warren, who was awarded the Maccabaean Prize and Medal of the Faculty of the History of Medicine and Pharmacy at the Worshipful Society of Apothecaries of London for his essay on "Aspects of Medicine in the Greek Bronze Age."

MAY

13th	M.	1.00	Clinical Lecture. Dr. McARDLE. *"Some Variants of Migraine."*
16th	Th.	1.00	Clinical Lecture. Dr. ROSIN. "Geriatric Puzzles."
		5.00	Neurosurgical Round. Mr. MURRAY FALCONER. Clinical Theatre.
17th	F.	1.00	Clinical Lecture. Dr. SCOTT. "Lung Cancer."
20th	M.	1.00	Clinical Lecture. Mr. FAWCUS. "Disorders of Basic Communication in the Adult."
24th	F.	1.00	Clinical Lecture. Dr. LESSOF.
25th	S.	10.00	Clinico-Pathological Conference, Clinical Theatre.

PRIZES

17th	F.	Malleson Prize for Dental Students Research. Reports must be submitted not later than this date.

AUDIO-VISUAL AIDS

4. Television as an Aid in Teaching Restorative Dentistry

by

D. London*

Dentistry involves operating in a restricted field which presents particular problems of illumination and access. Many procedures can only be seen well by the operator himself. This is because of the small size of the operating site and because the operative movements involved are not discernible at a distance, also the students' field of vision is often obscured by the operator's hands and instruments.

Groups for clinical demonstrations are traditionally restricted in size to the number who can be accommodated around the chair. It is doubtful, however, if any of these students can follow much of the intra-oral procedures being carried out by the demonstrator. They listen to the description of the procedure which he is carrying out and at intervals are able to inspect what has been done. Television provides a means of observing the operation being carried out from a position as good as that of the operator himself and by the use of suitable lenses the field of the operation can be magnified to any desired extent.

The use of multiple receivers means that a single demonstration can be witnessed by an infinite number of students, so eliminating the need for repeating the same demonstration. This results in a lightening of the burden on the teaching staff, an important consideration when the expansion in dental education places a premium on the experienced teacher. Against this, the planning and preparation for demonstrations of this type is extremely time consuming. In consequence, successful productions should be recorded on video-tape for future use.

---

*Mr. London is a Registrar in Conservative Dentistry.

Apart from clinical demonstrations, television provides a valuable aid in the teaching of a variety of technical procedures.

The potential of this medium will not be realized unless the picture is of high quality; this will depend upon the standard of the cameras and monitors, the availability of suitable lens systems, and adequate standards of illumination. If it is necessary to use lights of high intensity for televising clinical procedures it may be uncomfortable to both operator and patient and frequent re-positioning of cameras and lights necessitates the attendance of additional staff. If the equipment is inconvenient to use, only the most enthusiastic teachers are likely to persevere and acquire the necessary technique. If it is to be more widely adopted a system must be developed which is unobtrusive, readily available, and can be operated by the teacher himself.

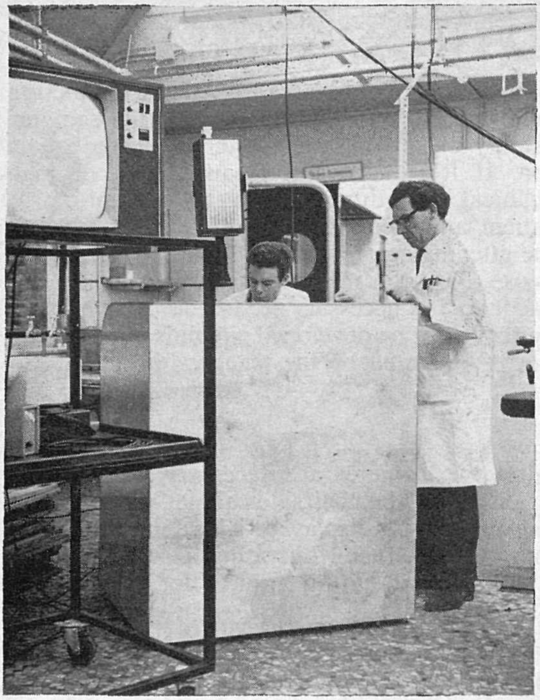
The Set-up

For clinical procedures two cameras are necessary, one focused intra-orally and the other on top of the chairside cabinet where instruments and mixing procedures can be displayed. The demonstrator is able to select the appropriate camera by operating a switch and he may also be provided with a push-button control for operating a mechanically controlled zoom lens.

Whereas monitors in the demonstration room provide better viewing facilities for those students who are receiving the demonstration live, a larger audience may receive the picture in a lecture theatre or other room. It is considered that under these circumstances there must be a two-way sound link to ensure that the audience can participate by questioning the teacher. In addition to the microphone cables and amplifiers required, attention needs to be paid to the acoustics of the demonstration surgery and viewing rooms.

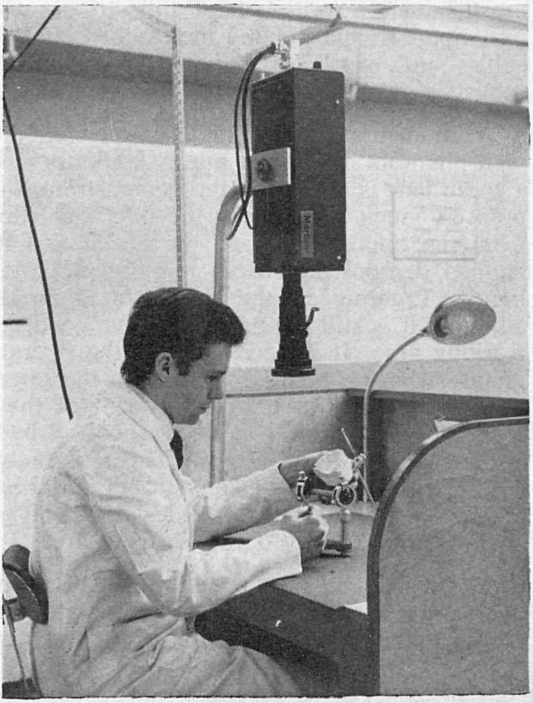
For demonstrations of techniques either of operative procedures on a phantom head or of purely laboratory skills, a camera fitted with a zoom lens is sited over the demonstrator's left shoulder. This viewpoint is much superior to the one which looks at the demonstrator from the opposite side of the bench and it ensures that the right-handed demonstrator does not obstruct the field of vision with his hands. Lighting can be concentrated on the work by a spot-light, although it is still important to have good general illumination of the working area. It is necessary for the operator to be able to see the picture which is being displayed on the screen. To provide the above facilities readily for any department of the School, a teaching desk has been constructed to a design evolved by Professor Merrill for use in the University in California. This mobile structure carries the camera and lighting fixed to its superstructure and has a small high resolution monitor mounted beneath the desk top. This is viewed through a mirror positioned just beyond the working area.

With the aid of a teaching desk, it is not only possible for one demonstrator to present a complete programme to a large class of students, but with the assistance of other members of staff, suitable



The Teaching Desk

Showing receiver (*opposite*) **and camera** (*below*)



programmes may be presented which may be followed in stages. Each sequence would then be thoroughly understood and practised during a period of practical instruction. Whilst the demonstrator indicated the particular sequence involved, the class would be able to carry out the same technique under the supervision of their teachers who would thus be in a position to draw attention to errors as they occurred. Under these conditions a sound commentary would be required but a two-way sound link may not be necessary.

Although clinical demonstrations obviously benefit when colour television is available, for non-clinical demonstrations the absence of colour is not a great hardship. An appreciation of the contrast between different hard tissues like enamel and dentine may be gained by varying degrees of light reflection, due to their different textures. Certain materials such as blue inlay wax, which have a very dense appearance when projected on a television screen, need to be changed and a different coloured wax substituted to give a less dense appearance with more contrast. Red or dark yellow waxes seem satisfactory in this respect.

Pre-Clinical Operative Dentistry

The great attraction in the use of this equipment lies in the way in which it so readily enhances the teaching of pre-clinical operative dentistry. Under present conditions it is only possible to gain an approximate idea of the operative working position and even then the mirror image view is likely to be confusing to the audience. What is required, is a clear view of each instrument as it performs its appointed task, from the viewpoint of the operator. The bur must be seen to cut at a certain point and in a particular way and the consequences should be apparent at the time. It is of little use to present the students with a completed stage or task unless they have understood the detailed routine by which it has been accomplished.

The traditional method of teaching this subject has persisted for far too long and many people have been slow or unwilling to recognise the value of the use of closed circuit television in this respect. It is amazing that the present course relies almost completely on the individual members of staff involved having to demonstrate daily throughout the term using a phantom head. Only recently has some improvement been brought about as the result of the availability of a small number of colour films.

Under present conditions using anachronous visual aid techniques and obsolete phantom heads the demonstrations are often given well in advance of the time when the student can imitate the same procedure. This means that a recording of that live unrehearsed programme could enable them to recapture the moment and give an invaluable revision aid, instead of relying on the dubious memories of their colleagues as at present.

However, with a sensibly designed imitation head containing extracted natural teeth embedded in a slightly resilient medium, clinical conditions can be simulated. These heads can be designed to give sufficient versatility to enable the operator to remove each jaw independently. The apparatus can then be readily used to demonstrate cavity preparation and other procedures on the teeth in either jaw.

Now that such a great variety of audio-visual teaching aids are becoming available, traditional teaching methods must be examined carefully with a view to making radical changes. This applies particularly to those procedures which require great precision and have to be performed in a restricted working area.

Some dental schools have not even established proper libraries of slides, film loops and slide and tape programmes. It is imperative that those concerned with the teaching of this subject should recognise that television also has an important role to play which can supplement the use of these other fundamentally important teaching methods.

Conclusions

The advantages that a simple closed circuit television arrangement of the teaching desk type can offer can be summarised in this way.

1. Comparatively low cost for a television layout, approximately £1,200.
2. No necessity for technical assistance during use.
3. Relatively easy usage requiring no more preparation than would normally be given to a laboratory demonstration.
4. Extreme versatility, enabling the clinical teaching staff or the technicians to demonstrate to small or large groups who can watch or practise a procedure simultaneously.
5. Greater effectiveness than slide or film demonstrations due to the immediacy of the operation, thus avoiding criticism of over rehearsal or disguise of those difficulties which may normally be encountered.
6. Versatility, allowing individual demonstrators to vary the content and pace of the demonstration at will and at all times being able to maintain close contact with the audience. This can give every opportunity for feedback and immediate change of emphasis, repeat, or reconsideration of any part of the programme.

It is of the greatest value to have had the opportunity of experimenting with the use of closed circuit television facilities, especially the teaching desk. This has been made possible by the enthusiasm of Professor Warwick and his staff and the facilities of the Anatomy Department, combined with the expert guidance of Professor Merrill. This process of investigation has only just begun and a great deal more needs to be done. It is to be hoped that the impetus will not be lost and that further encouragement and financial help will enable the School to provide the necessary facilities to stimulate the development of television as an aid in dental teaching.

COMMENT: Royal Commission on Medical Education

Community Medicine

Dr. J. A. D. Anderson

There will probably be almost as many interpretations of the content of this report as there are people who are prepared to read it, but there are two aspects which should be of particular interest to Guy's men who are currently practising medicine outside hospital or who intend to do so in the future.

It is suggested that all undergraduates should be given an insight into general practice: "to give every student some understanding of problems which are of major importance in themselves and should not be thought of as variants or minor sub-divisions of the problems raised in hospital practice". Similar views have been expressed in the past but the answer has always come loud and clear that general practice is really a subject for postgraduate training. It is comforting, therefore, that the Royal Commission distinguishes clearly between the needs of the undergraduate and the vocational training and continuing postgraduate education of aspiring and established general practitioners.

If this suggestion is adopted it will mean that time will have to be found either by taking it from that currently allocated to one of the existing clinical subjects or by more efficient use of what is available. In this connection it is perhaps relevant to add that evidence was submitted to the Commission that students: "are not always as busy as the curriculum would imply and that for them the clinical part of the course is often rather a leisurely business, or at most, an alternation of intensive work with spells of boredom".

Another topic which receives considerable attention is that of "Community Medicine". This is the *with it* term for Social Medicine and is defined in the report as "the specialty practised by epidemiologists and by administrators of medical services—e.g., medical officers of local authorities, central health or other government departments, hospital boards or industry—and by the staffs of the corresponding academic departments". Here again a distinction is made between the contribution which a department of community medicine can make to undergraduate education and the vocational needs of postgraduates making careers in the specialty. In the latter connection a welcome distinction has been made between community medicine and the clinical services of local authorities (child health and school health).

Reports of this nature should not be viewed in isolation, however, and those of the Royal Commission on Local Government, the Seebohm Committee on Social Services, which will be published shortly, and the review of the structure of the health services currently being carried out by the Ministry of Health can all be expected to have important implications for the doctors of tomorrow, particularly for those in general practice and community medicine.

Undergraduate Training

Dr. R. K. Knight

In the view of the Royal Commission, a university degree in medicine cannot be obtained in less than five years. It is suggested that in the pre-clinical stage a more flexible course should be designed to provide both the essential background to the clinical aspects of medicine and the opportunity to obtain a degree in medical science. Education in pre- and para-clinical subjects would then be modified and expanded to include a grounding in the traditional pre-clinical sciences with provision made for instruction in the behavioural sciences (psychology and sociology), statistics, genetics and an introduction to pathology and pharmacology.

They consider that the clinical part of the undergraduate course should be reduced to two years and that much of what was formerly taught at this stage must now become postgraduate experience obtained during the intern year and three years of general professional training. This means eliminating time spent on the exclusive acquisition of knowledge in specialised subjects like orthopaedics, anaesthesia and ophthalmology which (with several others) are regarded as more appropriate to postgraduate study.

For the clinical stage much emphasis is placed on the value of co-ordinated instruction by groups of teachers. Heart disease, for example, would be covered in its various aspects by, perhaps, a cardiologist, cardiac surgeon, radiologist, morbid anatomist, clinical biochemist and pharmacologist. The aims are to plan teaching on a rational basis, encourage discussion, avoid duplication and to break down artificial barriers which still exist between specialities. It is reassuring to find that clinical clerking is regarded as important but more weight might have been given to the value of a thorough grounding in clinical methodology—history taking and physical examination. Clerking provides a unique opportunity to gain personal knowledge of patient care, insight of relationships, and generally to absorb the very ethos of medicine. It appears from the Report that the Commission feel clerkships should be encouraged in medicine, surgery, paediatrics, psychiatry, and obstetrics and gynaecology. This experience with concurrent integrated teaching should form the basis of the clinical course. They suggest also that the study of general practice, emergency (casualty) practice and community medicine should be included. A period of elective study chosen from a wide field of approved topics is already accepted in many medical schools and the Commission support this.

In the past twenty years many medical schools in the United States and some in this country have made radical changes in their curricula. The results have in most cases led to improved teaching which is probably due more to the enthusiasm of the teachers, their re-appraisal of methods and the response of the students than to the actual changes in the time-tables. The suggestions of the Royal Commission applied on a wide scale are likely to have similar effects. Medical schools are to be encouraged to vary the duration and emphasis of different aspects of their teaching and some will obviously be more successful than others. Implementation of the proposed changes will certainly be costly, not only in the financial sense. Much more space will be required as well as a large fund of goodwill from the teachers.

Futuristic **Professor G. A. D. Haslewood**

"Well," said George to Mary as they came down the steps of Ginks, one of the six splendid new London Medical Schools, "that's the end of our Clinical. Only three more years and we can be doctors." They had met and related to each other (as the proper term now was) in their three-year pre-clinical time at King's College in Covent Garden. Two years at Ginks, he based at London Bridge and she in Denmark Hill, had deepened their relationship and loyalty to the Guy's-King's Hospital Group Management Area. "You know," George went on, "my grandad told me that once Guy's had its own Medical School, pre-clinical period and all; lots of medical students with sports clubs and societies and even an annual play when pre-registration doctors living in Guy's made fun of the Staff. A funny thing, too, was that some of the best-liked and respected Staff were actually real doctors with practices in Harley Street, who didn't even have Chairs and Departments like everyone at Ginks has now!" "How silly and old-fashioned," said Mary, "as if you could have a proper student life except in a multi-faculty institution!" "My grandad said they used to get quite fond of the old place, too," added George. "Such a waste of time and energy. Let's just slip this symptoms card into the computer. We can collect the diagnosis and treatment after we've had our coffee. I'm so glad we've had a broad medical education."

Guy's-King's Amalgamation **Mr. Frank G. Ellis**

The implementations of the recommendations of the Royal Commission on Medical Education would present a unique opportunity for the London Undergraduate Teaching Hospitals to avoid the difficulties which have arisen as the cost of maintaining twelve separate institutions has outstripped the resources available. The problem peculiar to London is that mere expansion or reorganisation within hospitals which have flourished as proud individual institutions for the past hundred years is not enough. The creation of viable departments effective in meeting the needs of training the next generation of doctors will need integration between hospitals on an unprecedented scale. Integration between individual hospitals which have hitherto been "independent" will require first a reorientation of attitude and second a complex reorganisation of the present structure.

If new integrations such as the suggested Guy's-King's unit are to be effective, wholehearted endeavours will have to be made to overcome the individualistic tendencies by which each of the institutions has achieved its present status. Mergers are now hall-marks of progress. British medicine may have problems different from those of B.M.C. and Leyland, the fighter and bomber services of the R.A.F., and many other organisations which have seen fit to merge but, in the final event, the aim is the same—to provide a flourishing and enterprising service backed by a high degree of training and research skills.

AUDIO-VISUAL AIDS

5. Television and Child Psychiatry

— The Bloomfield Clinic —

by

G. F. Vaughan*

One of the least controversial observations in the Todd Report** published this year is that closed-circuit television "has proved invaluable" in teaching psychiatry. This is true for all psychiatry—adult and children's psychiatry.

It enables interviews to be conducted away from large audiences, reducing the stress and embarrassment for a patient. For instance, recently a teenage girl was considerably upset at the possibility of being seen in the general psychiatric out-patients, but was quite happy to be interviewed in front of a television camera, even though she knew that the discussion was being both heard and seen by a group of people in the room next door. This aspect of telling a patient exactly what is happening is considered by us at Guy's to be extremely important and no psychiatric patient is interviewed in front of the closed circuit television without being asked whether or not they would prefer this to an interview in the ordinary out-patients. They are offered the alternatives.

Combined with a video-tape machine, interviews can be recorded with a doctor interviewing a patient either diagnostically or in a treatment interview, and then subsequently he can play back the interview to see how he "managed". In this way important comments made by the patient or changes in their facial expression are often noticed, which were missed in the original interview; and the doctor can notice things which he might have changed or improved on in his part of the examination. We have recorded regular treatment sessions in this way and then played them back to groups of the department staff for joint discussion and comment. "Advice" comes much more easily from a group when they are able to see and hear the whole interview as it actually took place.

---

*Dr. Vaughan is the Director of the Department of Child Psychiatry.

**Royal Commission on Medical Education (H.M.S.O. 1965-68) ch. 4, p. 112, para 270.

Video-tape recordings are of great value also as a permanent record of unusual case material.

Lastly, just as in a surgical operation or in a dental procedure, television may be used to demonstrate details to a large group of students which could not be seen otherwise. For example, details of how a patient carried out psychological tests of intelligence, or in a child, how he occupies himself or what he may paint while being interviewed, can all be shown to a larger group of people without having to disturb the patient by looking over his shoulder, etc.

Bloomfield Clinic

The Bloomfield Clinic was opened in December 1965, and Guy's was in fact the first Teaching Hospital in London to provide "built-in" television facilities in a psychiatric department. The specialist equipment was donated by the Chairman of Terson's, Mr. W. L. Marchant, in conjunction with Mr. Bloomfield, the donor of the clinic, and it was installed as a gift to the hospital by British Relay. It comprises two remote control Marconi cameras operating on 625-line standards which transmit interviews with children or parents, together with sound, to three monitor sets in the clinical teaching room. Eventually it is hoped that it will be possible to link this unit to a main lecture theatre in the Medical School so that we can take part in lecture demonstrations to larger audiences.

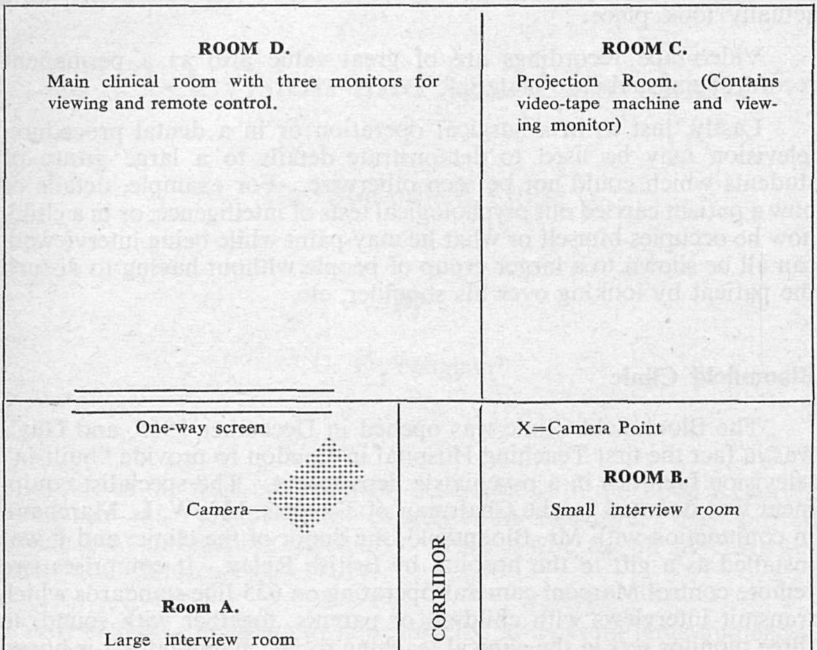
The cameras are controlled remotely from the main teaching room so that they can be turned and focused without disturbing an interview. In the equipment originally installed the remote control apparatus made a whirring noise which children regarded with instant affection as a "Dalek" noise, but the subsequent equipment is quite silent, to the disgust of some of our "regular" customers.

It is interesting that most children recognize and accept television camera equipment as a regular part of life today and are not "threatened" by it as they would have been some years ago.

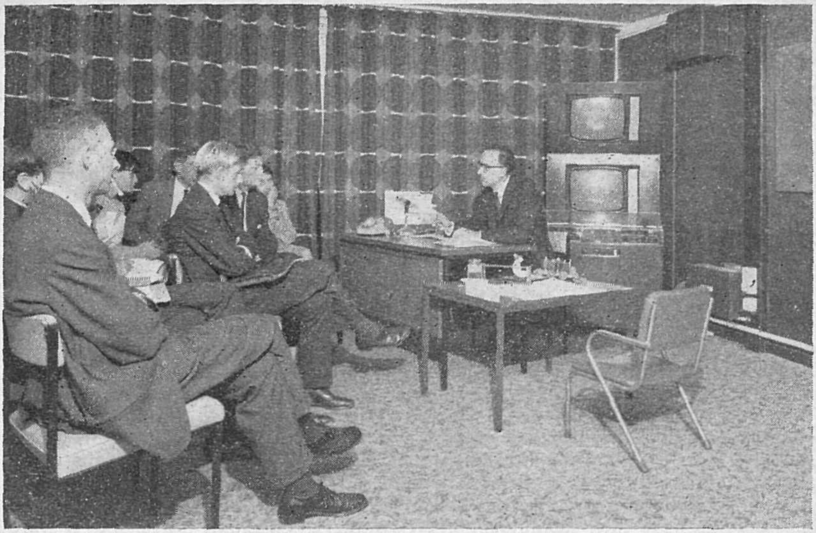
Lay-out

The accompanying sketch shows the main lay-out of the recording and viewing rooms.

Room A. This is the main interviewing room. It has curtains across one wall to deaden sounds. There are two camera points, one at either end of the room; two ceiling microphones; a wall point for a


ROOM D.
Main clinical room with three monitors for viewing and remote control.
ROOM C.
Projection Room. (Contains video-tape machine and viewing monitor)
One-way screen
X=Camera Point
Camera—
ROOM B.
Small interview room
CORRIDOR
Room A.
Large interview room
Camera Point=X
—Camera
Curtain

Ground Floor, Bloomfield Clinic.



Dr. Vaughan with students in the Main Clinical Room.

table microphone; and a pick-up point for an earphone (this allows the remote control operator next door to talk to the interviewer without disturbing the patient). This room is also fitted with a one-way screen for direct viewing if this is required.

Room B. This is a second interview room with similar camera points and wall microphones. It is designed for desk interviews, i.e., older children or parents. Having two rooms fitted for cameras enables double interviews to take place. The child can be interviewed or tested in one room, perhaps, while his parents are simultaneously interviewed next door. This can give added meaning to what the parents have to say about their child.

Room C. This is a projection room containing the video-tape equipment (Ampex VR-7003 machines). Thanks to the generosity of Ampex we have two of these machines which record onto one-inch magnetic tapes. This permits "editing" of the recorded material with a master tape and these machines are to be shared in the future between ourselves and the Department of Anatomy.

Room D. This is the main clinical teaching room, containing the remote control and three viewing monitors. "Live" pictures can be shown from either or both of the cameras or from the video-tape, whichever is required.

Essentially the equipment is extremely simple to use but it needs a great deal of practice at first and it is not surprising, perhaps, that it was nearly a year before any of us were able to use it with any fluency or feeling of confidence.

However, it was time very well spent and it now adds a dimension to teaching psychiatry, particularly to teaching psychotherapy which could not have been achieved in any other way.

NURSING SECTION

How Uniform ?

Proposals have recently been made by a Ministerial Uniform Committee for a national uniformity amongst nurses' uniforms. Expectations have not been disappointed; the individual merits of each training school's own uniform have been asserted and opposed to the 'dowdiness' of the new designs, described as "a dreary prospect" by the *Nursing Times*. The uniforms that were put on show certainly appear to lack the elegance and dignity of those worn in some hospitals, but the proposal does establish an occasion to consider the relevance of nurses' uniforms today.

A large number of people who view the changeover with dismay probably forget that the hospital nurses' uniform of today is far more reminiscent of a nineteenth-century girl 'in service', than it is representative of a twentieth-century professional person.

Doctors, of any grade from housemen to consultants, seem to get along very well with uniformity — a white coat. It is regrettable that nurses are so concerned about altering their apparel according to status. Is it really necessary to have an almost para-military obsession with uniforms, graded from student nurse to matron, before patients and other staff are aware of the respective abilities each one possesses? Though one cannot deny that the present colours have their advantage, when an angry consultant bursts into a ward, the student nurse has a more effective camouflage, against the pastel background of walls and curtains than the sister in her striking blue dress!

To those who deplore the depressing frequency with which one sees individuality being demolished in various walks of life, may I say that uniform differences, from one hospital to another, are only the outward expression of lack of co-operation.

Pride in one's appearance has got nothing to do with the essential differences between a new uniform and the old. Each can betray the wearer, and capability to do a particular job of work is not demonstrated by the colour or style of a dress.

The design of the nurses' uniform at Guy's, in common with other leading teaching hospitals, can only be accepted on a traditional basis: its utility is negligible. Here lies, the crux of the matter. Is a nurse's uniform merely a symbol to establish status, while at the same time pandering to the historical associations with disease? Nurses' caps, as worn today, no longer afford protection against infestation, and, anyway, such protection is no longer necessary. However attractive they may look, they could usefully be removed without giving any specific offence to medical precaution.

The combination of aprons and dresses could surely be adequately replaced by a simple overall. The Committee stated that these changes would save about £315,000 in initial expenditure, and £240,000 laundry costs per year.

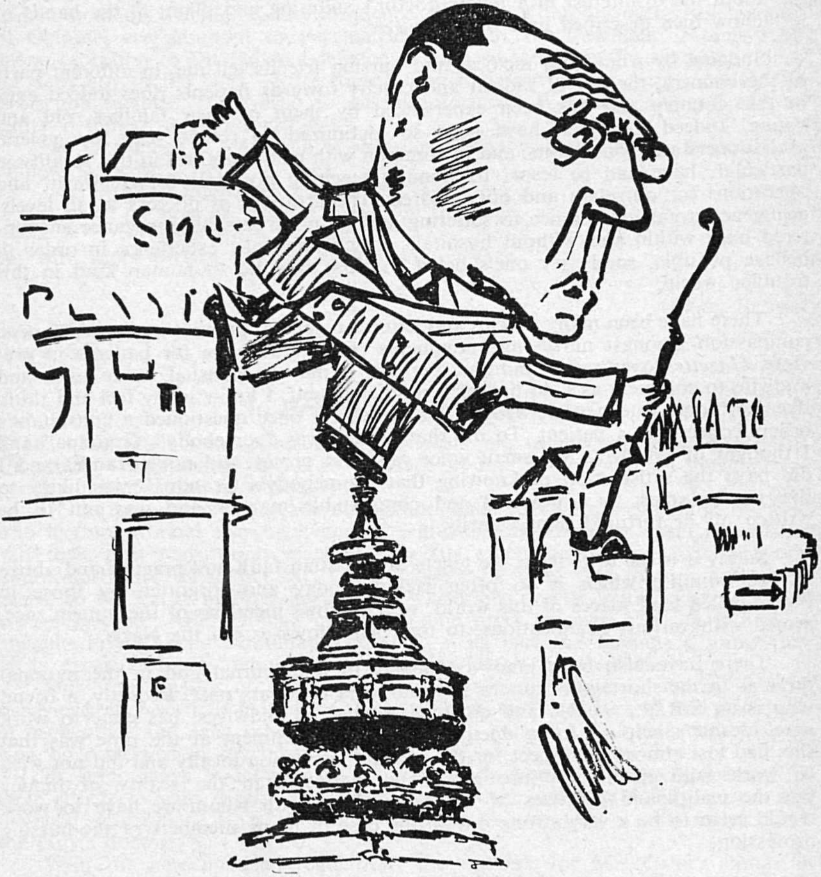
The design proposed for national uniforms is a polyester/cotton speedwell blue dress, to be worn by all staff actually nursing patients. Badges will denote grades, and the outfit will be *capless*.

Furthermore, when grades of staff are nationally recognisable, this will prove helpful in many other ways. How many of us have visited another hospital in a non-professional capacity, and immediately been confused when confronted by a staff-nurse, wearing what we more familiarly know as a sister's dress?

It is also good to have a uniformity of uniforms on other grounds. Individual identities with small groups may have served well in the past, but as Arthur Koestler cogently stated at Copenhagen in April, it is this excessive loyalty to a narrow community that has lead to "the unholy mess we have made of our history".

This may seem a far cry from discussion of uniforms, but it is the atmosphere in which things are discussed, and the manner in which they are solved, that is the same. Opposition to a national uniform on the grounds of emotional attachment to the glamour of the ones worn today is but one example of this dangerous insular approach.

D. Cobell



Russell Brock

CORRESPONDENCE

A Cry for the Patient

SIR,—Apart from being an old Kingtonian I have felt sufficiently moved to comment on Dr. G. L. Davies' letter in the issue of 13th February complaining about the disinterest in a fellow doctor's suffering and plight at the hands of his fellow men described in a *B.M.J.* letter.

Judging by what both medical and nursing friends tell me, in different parts of the country, the era of sadism and cruelty towards patients does indeed exist in this country and has been experienced by them or their families, old and young. Indeed, I myself have been so victimized in recent years by general practitioners and consultants, and in common with many mothers in this locality in particular, have had to resort to London teaching hospitals for treatment and operations for ourselves and our children. The attitudes of doctors at all levels, negligence, total indifference to suffering and an unsurpassable arrogance encountered both within and without hospitals, which one must experience in order to believe possible, sorely try one's belief in what is good in human kind in this troubled world.

There have been many articles and letters on general practice and practitioners, compassion amongst nurses and comments on geriatric care for patients in previous *Gazettes* over recent months. Perhaps it may be unusual for a nurse and midwife to comment as I do but, as a mother myself, I know many feel and think like me. Some fifteen years ago at this hospital I once questioned a consultant's orders concerning a patient. To me that patient was "somebody's Grandpa" and I thought of my own. My small voice raised in protest did not go amiss and I did have the satisfaction of knowing that "somebody's Grandpa" was likely to live much longer in a peaceful and comfortable manner and was not to be written off or tortured unnecessarily.

Surely it is the drift from the tenets of Christian faith and practice and above all the humility which is so often lacking today and forgotten by those in the so-called high places of this world, which allows members of the human race, armed with various qualifications, to treat its fellows as did the Nazis.

There have also been many comments in this journal and in the national press as to the shortage of nurses and midwives for years past. Recently, a friend who is an S.R.N., S.C.M. and qualified teacher of midwives, has gone to work as a mother's help — for a doctor's wife! Her comment at the time was that she 'had lost almost all respect for the medical profession locally and did not wish to work with them'. We are all of us interested in the reality of money but the reality and practices of the personalities with whom we have to work would seem to be a very strong one in the case of many members of the nursing profession.

I gave up a very good and lucrative job in order to train as a nurse; with no regrets. It was not until I had need of medical attention both for myself and my family that I too became aware of what both Hippocrates and Florence Nightingale could not condone. One can only pray "Father forgive. . ." or do as Dr. Davies' suggests and raise a small voice in protest, however unpopular that may be.

Yours, etc.,

JEAN TUCKER

"Guindon",
141, Old Nazeing Road,
Broxbourne, Herts.

Taoism Unblemished

SIR.—Dr. Balian's defence of Taoism in the *Guy's Gazette* 27th April, 1968 was obviously "based on emotionalism" as was his denigration of "the West". The small passage on religion in my article, with which Dr. Balian's letter was concerned, was reproduced almost verbatim from a conversation with a Chinese Psychiatrist working at the Castle Peak Psychiatric Hospital in the New Territories. Taoism was not mentioned in the article and is certainly not synonymous with "the religion of the majority".

That all religions have their exotic and mystical content was I thought too obvious to state. Possession by the spirit of a departed relative may, depending on your viewpoint, be a state of ecstasy or madness, and who does not feel a little mad in moments of religious transcendence. In Hong Kong however, these people, all Chinese, are admitted to Psychiatric Hospitals for treatment. I must take strong exception to Dr. Balian's defence of Chinese Medicine. I note that he does not deny any of the facts — the contribution to infant deaths from measles, the sepsis and tetanus. These even to an "ill-informed" Westerner are sufficient to justify complete denigration.

The Dormouse in "Alice in Wonderland" who was continually immersed in Chinese tea said:

> 'You might just as well say that
> "I breathe when I sleep" is the same as
> "I sleep when I breathe" '

but with more careful reading discernment is easy.

Yours, etc.,

KEN BROWN

East Wing,
Guy's, S.E.1.

In-Breeding Put Arights

SIR,—Mr. Calin's excursions into journalism are usually entertaining and his article "In-Breeding" is up to standard in that respect though uncharacteristically misinformed in others.

Of the present middle grade and senior grade registrars, I can think of none who has not worked elsewhere, and of a great many who have spent more than half their post registration years at hospitals other than Guy's. Not that this is necessarily the ideal that Mr. Calin imagines. I agree that there is something useful to be learnt in each hospital in which one works, but the grass is not always greener. After moving my home nine times in seven years it is nice to imagine myself a cosmopolitan clinician — in fact the feeling is more that of an expert furniture remover with a passing interest in medicine.

The great quality of Guy's that impresses each time one returns, is how much everyday work is helped by the knowledge that members of the staff have of each other and each other's work. No small part of this is because of those who have worked in the hospital in a variety of different jobs.

In some ways it is remarkable how many registrars have succeeded in their efforts to gain diverse experience, despite the resulting family upsets and financial difficulties. It is a tribute perhaps to the Guy's wife rather than the Guy's doctor.

With the new financial regulations the outlook for Mr. Calin's family is much brighter, and rightly so. I have no doubt that he will depart and return, gloriously and repeatedly, like a migrant swallow and with the new removal expenses he will be able to feather his nest prettily each time. Then when as a mature swallow he reverts temporarily to a fledgeling trainee post in a post graduate hospital, he will no longer suffer a drop in pay. The outlook for swallows is good, but the outlook for Guy's will be happier if the Park continues to be inhabited by London pigeons as well.

Yours, etc.,

S. R. MEADOW

(Guy's, Oxford, Derby, Great Ormond Street, Brighton, Birmingham.)

Dept. of Paediatrics,
Guy's Hospital.

Paul Coates

SIR,—May I, through the medium of the *Guy's Gazette,* thank the 2nd M.B. students who so kindly sent a beautiful bouquet of flowers in memory of our son, Paul, who was recently killed in the Windhoek air disaster. The gesture and the thought are most deeply appreciated by my wife and me.

To all those who have written to us we extend our heart-felt thanks, and we shall reply in due course.

Yours, etc.,

KENNETH R. J. COATES

111, Moreton Hall,
North Ridge Road,
Durban.

A Good In-Vest-Ment

SIR,—*In relation to the recent article in* Guy's Gazette *concerning* Augmentation Mammaplasty, the following true story comes to mind.

A young woman working as a model recently called on her Bank Manager and asked for a personal loan of £200. The manager asked what it was for and she replied "a new bust". He was sympathetic but asked what was wrong with the present one. She was taken aback, but as she explained he realised that she was not talking about a new "bus" or motorcar, but needed a better figure for her work. "Nothing could be more personal a loan" he said, and granted it.

When he had a word with the cashier later, the latter said "I thought she meant a bus or car, so no wonder she appeared thunderstruck when I said I would like to examine it when she got it."

Yours, etc.,

BERNARD COULTER

The Chestnuts,
Thorndon, Eye,
Suffolk

Erratum:

In the last issue the letter by Jean Recknell was about Miss D. Tart and not Tark. We apologise for this mistake.

REVIEWS

CUNNINGHAM'S MANUAL OF PRACTICAL ANATOMY.

Volume 1. Upper and Lower Limbs. 13th Edition. Revised by G. J. Romanes. Oxford University Press. 25s.

For many years this series of books has been the ideal bridge between basic anatomy guides and the more complete reference books. This latest edition fills this rôle better than any of the previous editions, and manages to provide in a relatively small book, a thorough coverage of the topic.

The clear, informative text is well supplemented by an extremely good series of diagrams, photographs and radiographs, and there is a comprehensive index enabling quick and easy reference to be made. There is also constant relation of structure to function and to the practical applications of the subject—this has the very welcome effect of making the book interesting to read, and draws attention to the areas of anatomy most liable to disease and injury.

An excellent book, and very reasonably priced.

C. F. RUDGE

CONCISE ANATOMY.

By Wyburn, Warbrick and Todd. Longmans, Green. 35s.

According to the authors in their foreword, "Concise Anatomy evolved from the need for a plan of instruction for dissection to be completed in three terms and to give the students of this abbreviated course some guidance concerning the amount of regional anatomy they should know".

Since the traditional four-term dissection course is still followed at Guy's, this book, with the exception of the section on the Head and Neck, is *too* concise. A whole term is devoted to the Head and Neck, as in the four-term dissection course, and this region is dealt with extremely well, though few people are likely to be willing to buy the book for this section alone.

This is a pity, as the text, which is extremely readable, is accompanied by a profusion of illustrations of a much higher standard than those normally found in dissection manuals.

The authors say that their book may also be of use to medical auxiliaries and to the "postgraduate seeking a quick review of the anatomy of the region of their speciality", and here there is undoubtedly a use for it, although for the student revising for 2nd M.B. it certainly *doesn't* give sufficient "guidance concerning the amount of regional anatomy they should know".

CUNNINGHAM'S MANUAL OF PRACTICAL ANATOMY.

Volume III, Head and Neck and Brain. Revised by G. J. Romanes, Thirteenth Edition. Oxford University Press. Cloth Boards, 40s.; Paper Covers, 30s.

In keeping with recent trends in the teaching of anatomy, this new edition has *less in it* than the old one—just the sort of improvement we want—having been relieved of "detailed descriptions of structures now considered of little importance."

It has been so thoroughly revised it is almost like a new book, and a lot better. The new set of illustrations is excellent; there are more than before, very life-like with just enough stylisation to show structure very clearly. All but one of those tedious old-fashioned illustrations with a lot of numbers on them have been got rid of.

Professor Romanes has condensed the text as well as pruning it, which has not made for easier reading. The dry style is the only thing I have against the book. But others may prefer this correct, straight-from-the-shoulder kind of presentation.

This book is excellent value for money, even considering that O.U.P. are a non-profit-making body. Those counting the cost should consider that this is an anatomy textbook and dissection manual as well (with a new method of dissecting the larynx and pharynx from their epithelial side as well as the other way, which seems a good idea), so all you need besides it is a big book of reference; and the whole body is covered in only three volumes, of which the other two are cheaper than this.

D. MACDIARMID

OBITUARY

G. V. Steward, B.A. (Cantab.), M.B., B.Chir., M.R.C.S., L.R.C.P.

Doctor Graham Villiers Steward, aged 61, died suddenly on 29th February, 1968, at his cottage in Dorset, to which he had recently retired.

Younger son of "Frankie" Steward, one-time Senior Surgeon at Guy's Hospital, and Vice-President of the Royal College of Surgeons, he was educated at Haileybury and Christ's College, Cambridge, and qualified at Guy's in 1930.

Following eighteen months of House Appointments at Guy's, he entered general practice in Fleet, Hants, but left in 1937 to join Doctors French, Tudge, Dick and Smallshaw, at Tadworth. In 1941 he was commissioned in the R.A.F., but on the death of Dr. Tudge in 1944 was released in order to take over his practice in Chipstead.

During the ensuing years he built up a large practice covering a wide area. His untiring devotion to his patients, and the enormous demand made upon him by such a large N.H. practice, were exercising too great a burden on his failing health, and in 1965 he retired from the National Health Service to devote himself to private practice. In 1967 he retired to his cottage in Dorset but was not permitted that peaceful and long retirement which he so richly deserved.

He was a family doctor of the best type, and had inherited much of the skill so characteristic of his father. His wise counsel and judgment were often sought by his partners. Somewhat retiring in nature, his keen sense of humour and his loyalty gained him many friends, by whom he will be greatly missed. A packed memorial service, held at St. Margaret's, Chipstead, was a tribute to the love and affection shown to him by his many patients.

A devoted husband and understanding father, he is survived by his wife and two children, and to them we extend our deepest sympathies.

R.B.S.

NOTICES

Music Circle

On Tuesday, 14th May, at 7.30 p.m., Dr. T. Grenby will talk on "Ancient v. Modern." Everyone welcome, in the Music Room.

Photographic Society

Monday, 13th May, at 7 p.m., Mr. W. Hunt will give a practical demonstration, in the Dental Photographic Department, of "Kitchen Sink Ektochrome Processing."

The Society will hold a Competition in the Gordon Museum during the week commencing June 17th.

Prizes will be awarded for the best Black and White and Colour exhibits in the judges' opinion.

Prints should be at least 6in. by 8in., and preferably mounted.

Colour transparencies are welcome, but the Society cannot accept any responsibility for any exhibits.

Entries will be welcomed from anyone in the Hospital.

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SPORT

EDITORIAL

The review of the Rugby season published below was written by Dr. Hugh Burry. This is perhaps an apt time to thank him for all his work for the rugby club, coaching, supporting, organising which he has done over the last two years. We hope his review, with all its constructive criticism will stimulate all members of the rugby club to great efforts next season, which is the 125th anniversary of the club. It would be a pity if Dr. Burry were to miss this celebration, as it is he who has made the club memorable in the last two years for its attractive, often successful rugby. . . .

H.O.P. appears to be in the midst of turmoil at present. The changing room floor is now splinter free, the bar is extending itself slowly. Meanwhile strenuous efforts are being made to provide a lick of paint to the building. Outside, the cricket club seem to have been in an unusually happy and contented state of mind with the pitch provided for the first match of the season.

Roddy Jones continues on his winning way with a win at the International Swimming Trials last Saturday. We wish him luck in the match against Canada on May 25th, in which he will be swimming 110 yds. backstroke.

BLUES

Cricket:
Full Blue: R. Clark.
Half Blues: C. Pearson, R. Chase, D. Crafts.

Lawn Tennis:
Full Blues: J. Newman, P. Swiss.

Swimming:
Full Blue: S. Challacombe.
Half Blues: H. Howard, G. Wormcott, K. North.

Rifle Club:
Half Blues: A. West, A. J. Davies.

Athletic Club:
Full Blues: D. Choat, P. Bundred.
Half Blues: F. Nwator, G. Voss.

Cross-Country:
Full Blue: B. Smith.

Fencing:
Half Blue: P. Jenkins.

Ladies Clubs:

Hockey:
Half Blues: Ann Collins, Susan White, Rosalind Thorburn.

The Rugby Season, 1967-68

It is difficult with the last six weeks of the season still fresh painful memories to see the club's performance overall in perspective. To remember for instance that the First XV lost unluckily to Blackheath before defeating Cambridge University, Bedford, and Wasps (all in away games) before Christmas, that they amassed the highest total of points since 1922 and conceded what is probably an all time low; that on the day the 1st defeated Bedford our seconds over-ran the Bedford seconds on an adjoining pitch to produce the first double victory ever. In short it has been a season which has contained some notable achievements and the general increase in playing standards has been reflected by the fact that nine players were selected for Counties.

The inordinate length of the season makes it very difficult for players to retain fitness and enthusiasm throughout, and this was probably the most important factor leading to the lamentable collapse in morale which produced only one victory in the last five games. None the less, the fact that of the ten games lost, no fewer than six were lost by four points or less, suggests that in close contests the will to win was deficient.

The extraordinary loss of the cup final was compensated to some extent by the "A" fifteen retaining the Junior Hospital Cup, and in the process producing some excellent controlled rugby.

Players who distinguished themselves included the captain, Dr. Thorburn who, hard pressed by finals, captaining Middlesex, the hardships of a resident's life, and other matters, still produced a consistently high quality of play; the wings Ross and Novaks, a pair of somewhat wayward genii, Willie Davies who kicked goals and his troops at training with remarkable enthusiasm and skill, and a quartet of freshers, Barton, Burt, Cambala and Merrit, who hold high promise for the future.

Looking ahead, the changes in the laws of the game are certain to help our club by forcing other teams to attempt something more enterprising than kicking their own possession up the line and spoiling ours. Our obvious talent at "sevens" should be exploited next year and one hopes that more coaches will make themselves available. Once again our thanks are due to Mr. Batchelor for his continued moral and physical support .

Final Results, 1967-68

	Played	Won	Drew	Lost	For	Agst.
1st XV	31	20	1	10	556	146
2nd XV	24	17	0	7	377	182
Ex. A.	18	11	4	3	255	122
Wanderers	11	8	0	3	124	67
"B"	9	4	0	5	127	98
Angels	13	8	1	4	158	127
Weds XV	17	9	1	7	211	161

CRICKET PREVIEW

After a reasonably successful season in 1967 Guy's look forward to better things in 1968. The nucleus of the 1967 side remains and with the addition of one or two batsmen and an off-spinner, a strong side should result.

Clark as captain bears a heavy burden or his shoulders with this possibility of a weakened batting side, but as no bowlers have 'retired' this may give them a chance to show their powers with the bat.

The draw for the U.H. cup puts Guy's in a different half from St. Thomas's who have just pipped us in the semi-final over the last two years. As a new venture Guy's have entered the Kemp Knock Out Cup — a competition amongst London clubs on a 45 over basis, terminating in the final at the Oval. It would be good to see Guy's win both these cups in 1968.

We would like to wish Clark and his side the best of luck for the 1968 season.

GUY'S v. BECKENHAM

Saturday, 27th April, at H.O.P.

Beckenham: 123, Goodhart 5-25. Crafts 3-58.
Guy's: 124-1. Goodhart 80 n.o. Clark 40 n.o.

Guy's opened the 1968 season with an excellent win against Beckenham.

Beckenham won the toss and elected to bat on what was generally reckoned to be one of the best wickets seen at H.O.P. for a year or two. They were very soon in trouble however, thanks to the tight bowling of Crafts, and Goodhart, wickets falling at regular intervals. They ony managed to reach their final score because of an eighth wicket partnership of 40.

A pleasing feature was the excellent ground fielding and catching of the Guy's team which backed up the good bowling of Crafts and Goodhart. Let us hope this continues through the season.

The Guy's innings started well with Goodhart scoring 30 in 20 minutes, looking as though he had just returned from the West Indies. This rate was kept up during the Guy's innings by Clark and Goodhart who both batted attractively and saw Guy's home to a 9 wickets victory with 1¼ hours to spare.

A. GILLHAM

Team— R. Clark, C. Pearson, R. Chase, A. Gillham, M. Appleby, D. Silk, D. Crafts, R. Goodhart, S. Bowden, G. Hey, D. Thomas.

SWIMMING CLUB

The activities of the swimming club during the winter season are confined to the efforts of the water-polo teams in the University of London League.

Having become champions of the 2nd division last season, Guy's expected to be in the 1st division, but behind the scene politics decided otherwise, and in the lower division we remained. With the incentive of promotion denied them, the team, led by Challacombe, nevertheless attained runner-up spot in the division and it is hoped that the injustice of last season will be rectified and that Guy's supporters may see their teams in the 1st division next season.

For the first time, a second team was able to fulfil a full season's fixtures and attained fourth position in their division — a very creditable effort. It is very heartening indeed to see the number of regular players still increasing, and that enthusiasm for the game at all levels is not waning.

The club looks forward to a full summer season with many friendly fixtures culminating in our now annual tour of the West Country in August.

WATER-POLO

1st May v. Old Mid-Whitgiftians. Result 7—7.

Guy's arrived at Croydon to find that the opposition were one man short, but during the first quarter we could not capitalize on this and each team scored twice. O.M.W's found their seventh man before the second quarter to complete their team and quickly scored another after a defensive "mishap". A good shot by Northcott equalised the scores by half-time.

Alas, in the third quarter Guy's fell completely to pieces and O.M.W's raced away to a 6—3 lead. A change of tactics seemed indicated, and the captain put himself at two-yard forward for the final quarter. This move did not immediately pay dividends due mainly to poor shooting by the two men on whom scoring usually depends—Northcott and Challacombe; but in a matter of minutes four goals were scored, three by Challacombe, and one by Bevis seconds from the final whistle to give him a hat-trick in his first team debut.

Guy's were in the end very fortunate indeed to draw a match, which in terms of possession and general play they should have won by a very handsome margin much earlier.

Team: Challacombe, Howard, Davidson, Ashford, Adkins, Northcott, Bevis.

ATHLETICS

UNIVERSITY OF LONDON CHAMPIONSHIPS 1968

Before Christmas we won the U.L.U. Winter Field Events, and Relay Competitions, and in the London University Championships on April 26th—27th the Roseberry Bowl was retained. The Athletic Club has held this trophy now for four successive years. Ian Morgan, David Choat and George Edwards won individual events. Morgan ran with fluid elegance to gain first place in the 200 m. and 400 m. hurdles. Choat maintaining that he had done only one week's training accelerated away from the field over the last straight to win the 800 m. trophy in a personal best time of 1 min. 56.1 secs. Edwards won the hammer as well as taking second place in the pole vault.

However, winning these Championships has been in the past, and was again this year a team effort, places in finals being overall as important as individual victories. Alan Ross took second place in the shot and hammer and fifth in discus. In the 100 m. Friday Nwator finished a strong second. Don Barford was narrowly beaten out of third place but achieved this position in the 200 m. Barry Hartley was third in the javelin, and John Price third and fourth in the 400 m. and 200 m. respectively. Peter Bundred gave Morgan fine support in the two longer hurdles events. Price and Graham Voss galloped and hopped to fifth equal place in the 110 M. hurdles, though some would suggest fifth place rightfully belonged to Voss alone.

Our women's Athletic team of Miss Ross Dow achieved second place in the 100 m., 200 m. and long jump.

RESULTS:—

MEN

100m.—2nd, F. Nwator, 11.2 secs; 4th, D. Barford.
200m.—3rd. D. Barford, 23.2 secs; 4th, J. Price, 23.3 secs.
400m.—3rd, J. Price, 52.1 secs.
800m.—1st D. Choat, 1m. 56.1 secs.
110m. Hurdles—5th, G. Voss and J. Price.
200m. Hurdles—1st, I. Morgan, 24.7 secs; 4th, P. Bundred.
400m. Hurdles—1st, I. Morgan, 54.9 secs; 4th, P. Bundred.
P.V.—2nd, G. Edwards, 9′ 6″, 5th P. Bundred
Shot—2nd, G. A. Ross, 13.57m.
Discus—5th, G. A. Ross, 35.53m.
Javelin—3rd, B. Hartley, 186′ 4½″.
Hammer—1st, G. Edwards, 35.5m; 2nd, G. A. Ross.

Final Result: 1st, Guy's 79pts; 2nd, Imperial College 74pts; 3rd, University College.

WOMEN

100m.—2nd, Miss R. Dow.
200m.—2nd, Miss R. Dow.
L.J.—2nd, Miss R. Dow.

Team: J. Price, G. Voss, D. Barford, F. Nwator, A. Fallowfield, I. Morgan, P. Bundred, D. Choat, A. Ross, G. Edwards, B. Hartley, B. Smith, G. Harild, R. Wilson, R. Walsh, Miss R. Dow.

PREVIEW OF THE SEASON

The number of triangular matches has been increased this year and we have entered more of the Inter-College League Competitions. A team of twelve is going to Jersey on May 24th for a four-day tour. The United Hospitals Relay and Field Events Competitions will be on June 19th, and the U.H. Championships on June 29th. Sports Day will be on June 22nd, and there will be a dance at Guy's in the evening.

There is training at H.O.P. on Monday evenings and those Wednesday afternoons when there is no Match; all, particularly freshmen, interested in competing for Guy's are welcome.

J. F. PRICE

GOLF

Inter-Hospitals Cup Second Round

GUY'S v. LONDON HOSPITAL

Result: lost 4—1

Guy's first and last match in this year's competition was played at the Royal Blackheath Golf Club on Wednesday, 26th April 1968.

The team assembled early leaving time for some net practice in conditions which were nearly perfect for early summer golf: sun, a light breeze, and a mild temperature. Blackheath's greens, however, are notoriously tricky, many apparently billiard table surfaces concealing awkward slants familiar only to regular players of the course.

In the top match, Elliot v. Maton, the Guy's man began confidently with his usual splendid long game. His opponent, whom few would rate as Elliot's equal, struck inspired form on and around the greens to eventually come home a surprised winner.

Playing second was F. Foster, a new member of the side, against D.Mollit. Foster played very promisingly against his experienced opponent who has, incidentally played for the University on many occasions. Unfortunately Foster ran into trouble on the greens, losing on the 16th to a competent display of chipping and putting.

Davies, immaculately dressed and also playing in his first Cup match, gave a sound performance defeating his South African adversary on the 13th. Shades of Arnold Palmer here!

Toplis, the third new member of the team, struggled hard to remain all-square for much of the round. Smith, however, began putting like a man possessed while several of his luckless opponents' attempts stopped maddeningly close. Toplis finally lost to a long curving putt on the sixteenth for a birdie two.

Phillips, as so often, started slowly and was soon down, even the threat of a scathing review failed to induce the usual improvement in his putting. His opponent Brook played superbly to record a three over par 74 in spite of being troubled by a gastric ulcer. Phillips pausing only to remove the mud from his eye retired to the bar in confusion.

So ended in defeat a potentially very powerful attempt by Guy's to retain this cup for the thirteenth time in seventeen series. The promising play by three new players surely augers well for next season.

A.P.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Senior Registrar** in Child Psychiatry with duties commencing as soon as possible. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be returned not later than **6th May 1968.**

Applications are invited from candidates with a higher qualification in Surgery, for a post of **Lecturer** in the Department of Surgery. The Lecturer assists with clinical work and there are good facilities for research. Applicants may apply for a temporary appointment until September 1968 or for an appointment for one or two years commencing in October 1968, or earlier by arrangement. Salary in the range £1,745 to £2,820 p.a. according to experience, with superannuation. Forms of application are obtainable from the Dean and should be returned by 17th May 1968.

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Junior Lecturer** in Anatomy, with duties to commence as soon as possible. Applicants may apply for a temporary appointment until September 1968 or for an appointment for one year commencing in October 1968, or earlier by arrangement. Forms of application are obtainable from the Dean and should be returned by **17th May, 1968.**

PERSONAL

LOCUM REQUIRED—August and/or September. Group practice with Rota. Delightful Locality. Seaside flat available—Dr. Macdonald and partners, Garve, North Berwick.

TO RENT—A pleasant first floor Consulting Room in all Guy's house Wimpole Street. Some office accommodation available. Box 1

CHANGES OF ADDRESS

Dr. G. H. Anderson, Dept. of Pathology, Royal Jubilee Hospital, Victoria, B.C., Canada.

Mrs. E. A. Bell, 147 Kings Road, Fleet, Aldershot, Hants.

Miss Patricia Best, 143 Cleveland Street, London, W.1.

Dr and Mrs. B. L. Copley, "Grimsdyke", Vicarage Road, Potten End, Herts. Tel: Berkhamsted 6194.

Mr. E. Patrick Cutler and Mr. Howard P. Briggs, 38 Chalkwell Avenue, Westcliff-on-Sea, Essex. Telephone numbers Mr. Cutler 77834, Mr. Briggs 78189.

Mr. and Mrs. P. A. Gardiner, 14a Fitzjohn's Avenue, Hampstead, N.W.3. Tel: 01-435 7276

Mrs. A. M. Griffiths 769 McIntyre Street West, North Bay, Ontario, Canada.

Dr. and Mrs. T. E. J. Healy, 11 Hornbeam Close, Selly Oak, Birmingham.

Miss Monica Heard, Robin Hill, Berwick, Polegate, SX. Tel: Rife 398.

Mr. E. A. Moore, 83 Willingdon Road, Eastbourne. Tel: 28281.

D. G. Nancekievill, Home Address: 3 Enderfield, Lubbock Road, Chislehurst, Kent.
Business: Department of Anaesthesia, St. Bartholomew's Hospital, London, E.C.1.

Mrs. Diane Turner, S.R.N., 53 Furham Feild, Hatch End, Near Pinner, Middlesex.

Dr. P. J. Watkin, 2 Beverley Court, Skeyne Drive, Pulborough, W. Sussex.

Lt. Col. J. C. Crook, (F.C. Path) 1968. Ministry of Defence, Lansdowne House, Berkeley Square, London W.1.

BIRTHS

DAVIES—*On 21st April, 1968, to Judith (née* Harries, S.R.N., S.C.M.) wife of Dr. George Rhys Davies, M.B., B.S., M.R.C.S., L.R.C.P., of 29 Warwick Road, Sketty, Swansea, a son, Matthew George, a brother for Katherine Sarah.

HEALY—To Dr. T. E. J. Healy and Mrs. L. E. *Healy (née Shepparo)* on 23rd March, 1968 at Farnborough Hospital, a daughter Maria Edwina.

MARRIAGE

PENNEY—FAIRLEY—On 30th March, 1968, Holy trinity with All Saints Church S.W.7. Dr. Christopher Penney, M.A., M.B., B.Chir. to Margaret Fairley, S.R.N.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2083

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Royal College of Surgeons Tutors

The Royal College of Surgeons have achieved another notable "first". Following closely on the Royal Commission recommendations for post-graduate training, they have announced the second part of their plan to rationalise the training of young Surgeons. The appointment of Tutors in Surgery to each group of hospitals to supplement the work of the Regional Tutors must be welcomed by all those with ambitions in Surgery.

Though Post-Graduates are lucky at Guy's in the amount of teaching available it must still be a comfort to those embarking on the Fellowship path to know that they are under the direct supervision of a Surgeon with responsibility for their training. The appointment of Mr. J. D. Maynard to be the Surgical Tutor at Guy's is especially encouraging. We congratulate the R.C.S. on their initiative and Mr. Maynard on his appointment to this important post.

New Lights for Old

In our enthusiasm to congratulate the Heart Transplant Team in our last issue we failed to make any mention of the magnificent Surgical achievement of another Guy's man. We now hasten to add our congratulations to the many others received by Professor R. Y. Calne following his successful transplant of a liver into a "middle-aged woman". Two things in particular make this operation such an achievement. The first is the sheer mechanical complexity of the operation and the technical skill needed to perform it, and the second is the exemplary handling of the publicity that inevitably surrounds such events. That, even two weeks after the operation, the Press still refer to the "middle-aged woman" and have not been able to trace the donor is something that Messrs. Barnard and Ross would be the first to applaud, and not without a certain amazement. For his surgery and for the way the results have been handled, we warmly congratulate Professor Calne and his team.

Official Visitor

On 18th May we welcomed Professor Allan Barnes, Head of the Johns Hopkins Hospital Department of Obstetrics and Gynaecology, as Official Visitor to the Hospital for this year. Professor Barnes will be staying here for one month, attending Rounds and Clinics in the Hospital as well as fulfilling appointments elsewhere. Professor Barnes will give a paper before the Obstetrics and Gynaecology Section of the Royal Society of Medicine on the evening of May 31st, and will give a University Lecture in the Anatomy Theatre at 1.0 p.m. on Monday, 10th June. The title of the Lecture will be "A Gender Identity Clinic" and Mr. Blaikley will preside.

The Osler Society

On Wednesday, 15th May, a meeting of the Osler Society was held at Guy's. This Society, which meets to hear papers on the History of Medicine with special reference to the works of William Osler and the London Hospitals, heard a paper given by Lord Brock on the life of Astley-Cooper. Lord Brock emphasised the fact that St. Thomas' was still on the other side of St. Thomas' Street when Astley-Cooper was practising, and that his practice and teaching were shared between the two "United Borough Hospitals". After pointing out the enormous diversity of Astley-Cooper's work, and the excellence of it all, Lord Brock concluded by inviting all present to join him in loking over the Old St. Thomas' Operating Theatre. Those who took advantage of his invitation were treated to an amusing and illuminating account of pre-Listerian surgery.

Guy's Hospital Reports

Guy's Hospital Reports, Vol. 116, Nos. 3 and 4 have now appeared. Copies are available free to all Students at Guy's from the Wills Library and at special rates to all Guy's men. Appropriately, the two numbers that appear—like Siamese twins—under one cover, are devoted to Genetics. Articles are published from members of several departments at Guy's dealing with all aspects of the subject from Darwin to D.N.A. and further.

OBITER DICTA

Seen on a cardex in Astley-Cooper Ward: "Eyes syringed—hearing better."

GUY'S DIARY

We congratulate Dr. R. W. R. Baker on his appointment as University Reader in Medical Nucleonics at Guy's Hospital.

We would also congratulate Dr. J. T. Smith (lately Lecturer in Bacteriology at Guy's) on his appointment as Reader in Pharmacology and Head of the Department of Pharmacology at the School of Pharmacy, Brunswick Square.

We were pleased to note the election of two Guy's men on to the Council of the U.K. section of the I.S.B.I.; Mr. Douglas Jackson, F.R.C.S., now of the Birmingham Accident Hospital, as Vice-Chairman, and Mr. P. W. Clarkson, M.B.E., F.R.C.S., as a member of the Council.

MAY			
27th	M.	1.00	Clinical Lecture. Dr. ROSIN. "What is a Geriatric Problem?"
28th	T.	1.00	Clinical Lecture. Mr. BEARD. "Surgery of the Pancreas."
31st	F.	1.00	Clinical Lecture, Department of Medicine.
JUNE			
7th	F.	1.00	Clinical Lecture. Mr. WATSON. "Examination of the Eye."
10th	M.	1.00	University Lecture. Professor BARNES. "A Gender Identity Clinic."

PRIZES

5th	W.	Entries close for the Leonard Lubbock Prize in Clinical Pathology.

Students' Club A.G.M.

The adjourned Annual General Meeting of the Guy's Hospital Students' Club will be held in the Physiology Theatre on Friday, 31st May, 1968, at 12.15 p.m., to continue consideration of the Agenda already published for the A.G.M. on 19th March, 1968.

S. A. R. Cooke,
Hon. Secretary.

Music Club A.G.M.

The Annual General Meeting of the Music Club will be held on Thursday, June 6th, at 5 p.m. in the North Common Room, First Floor, East Wing. All those interested in Music are invited to attend.

Alison Hill,
Secretary,

Hockey Club A.G.M. and Dinner

The Annual General Meeting will be held in the North Common Room at 5.30 p.m. on Friday, June 7th, followed by the Dinner at Ye Old Cock Tavern, Fleet Street, 7.30 for 8.00 p.m. All those wishing to attend should contact N. Dodd, Esq., East Wing, Guy's Hospital, S.E.1.

C. R. Pearson,
Secretary.

AUDIO-VISUAL AIDS

6. Conclusion

by

G. E. H. Foxon

Articles on Audio-visual aids by Professor Irving R. Merrill (30.3.68), Dr. T. H. Hills (13.4.68), Dr. Saxton with Miss Archer and Mr. Rytina (27.4.68), Mr. D. London (11.5.68) and Dr. G. F. Vaughan (11.5.68) have appeared in recent issues of *Guy's Hospital Gazette*. These have put on record the recent developments in the field of audio-visual aids which have taken place in the School and Hospital; it will not hove passed unnoticed that much of the emphasis has been on television. To conclude this series the Editors have invited me to relate developments at Guy's to similar ones taking place in university institutions in general throughout Britain.

Audio-Visual Aids, 1850

As Dr. Saxton and his collaborators have reminded us (*Guy's Hospital Gazette*, 27.4.68, p. 231) by reference to the models in the Gordon Museum, illustrations of various kinds have been used in medical teaching for many years; models are not restricted to medicine but used in many sciences. The illustration of the lecture by blackboard diagram and wall chart has a long history; and it may be recalled that Charles Johnson, who lectured on the scientific (as distinct from the pharmacological) aspects of botany in this School from 1829 to 1873 is credited in the Dictionary of National Biography as being the first botanical lecturer to take a plant specimen into the lecture room, hitherto lecturers on plants had always restricted themselves to verbal statements!

"Comparative" Neglect

However, except for the lantern slide little change came over the scene for very many years. In particular the moving picture, although widely used in cinephotographic analysis of movement in several sciences, was so connected in the minds of many with entertainment that its potential as a medium of communication in teaching was never fully realised. Unfortunately, space does not permit of a discussion of the reasons for the comparative neglect during the last thirty years of audio-visual aids in higher education in this country. The word comparative is used advisedly as comparison, on the one hand between "higher" and other forms of education in this country, and on the other hand, as between "higher education" here and "higher education" in some continental countries and in the U.S.A. both led to the conclusion that audio-visual aids were under used in British universities, even in comparison with our own Colleges of Technology.

"Brynmor Jones" Committee on A-V Aids*

These comparisons which had long been suspected were substantiated in large degree by the Committee set up in 1963 under the Chairmanship of Dr. (now Sir) Brynmor Jones, Vice-Chancellor of the University of Hull, to consider the whole position of audio-visual aids in higher education.

This Committee visited Guy's and in fact drew a great deal on the expertise in our Department of Illustration (at that time Mr. P. V. Reading was Director with Mr. Engel presiding over the photographic and Miss Treadgold the graphic sections respectively). In addition to confirming that the under-use of audio-visual aids, particularly film, in higher education was real, the Committee pointed out some of the causes, one of which was expense; particularly that involved in providing illustrative materials especially for university purposes. For example film, where any made specifically for small university classes will have but limited distribution, yet someone must foot the bill for producing it.

The Committee made many recommendations all of which involved expenditure. Some were comparatively modest, as for example that each University should have an Audio-Visual Centre which would provide for its teaching departments services similar to those provided by our own combined Illustration and Photographic Departments (which indeed served as a recognizable but anonymous model). But there were other recommendations, and at that which proposed a National Centre to undertake all kinds of sophisticated functions which university centres could not be expected to carry out even the present government took fright.

However, the report as a whole has had a stimulating effect, not least on the University Grants Committee. It was made clear that what are wanted are audio-visual "aids" to learning and teaching and not audio-visual "substitutes" in the form of recorded lectures. Thus it has come about that recently the U.G.C. has "indicated" to universities that their grants both recurrent and capital, contain an "element" for audio-visual aids and that in due course visits of the U.G.C. Audio-Visual Committee (now called Educational Technology Committee) may be expected.

Not only Television

It is to be hoped that the fact that several of the previous articles in this series have referred particularly to television will not convey the impression that this is all that "audio-visual" implies. As has been indicated a start can be made with more humble things such as blackboards and their visibility in lecture rooms and the acoustics of lecture theatres. The School Audio-Visual Aids Committee is certainly concerning itself with all the facets of the subject. Some of us who have taught here for many years have found that many of the blackboards are curiously "allergic" to red (and other harder) chalks which skid annoyingly over their surfaces. Others may wonder how it comes about that although this School has won international prizes for its film production, projection has to take place in lecture theatres where there is no projection box so that the mechanical noises of the projector, set up in the middle of the audience, have to be drowned by increasing the sound volume to such a degree that it penetrates (assisted by the reflecting surfaces of the floors of the corridors) to distant parts of the School. If the Audio-Visual Aids Committee succeeds in what it has set out to do such queries will no longer arise. At the same time the developments to which the previous articles have referred proceed apace.

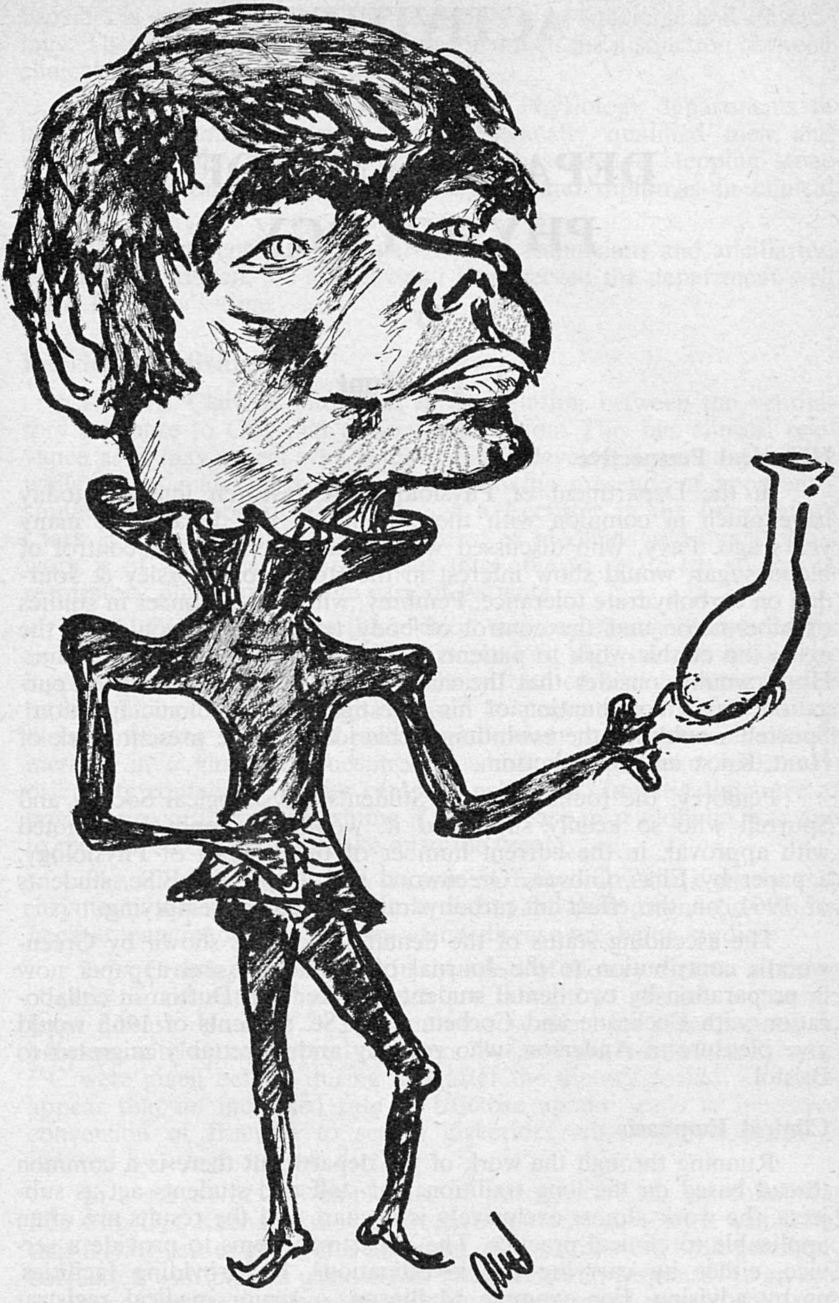
Audio-Visual Aids at Guy's

It would be out of place to attempt comment on the individual efforts of colleages; that they are unanimously most enthusiastic must be apparent to all who have read their articles and/or been present at the demonstrations that have been described.

In conclusion it must be stressed how fortunate the School has been to have had Professor Merrill, a Fullbright Fellow, as a visitor this session. We have all benefited greatly from his presence here; we are also much in the debt of Professor Warwick who is acting as host on behalf of the School, introduced Professor Merrill to us and so enabled us to benefit from his expertise. As Professor Merrill's visit nears its end, in addition to our thanks for his guidance we must extend our best wishes for the future and express our hope that it will not be long before he can revisit us and see the progress which we intend to make in the coming months.

*This committee, usually called the "Brynmor Jones Committee", was appointed jointly by the University Grants Committee, The Department of Education and Science and the Scottish Education Department.

Professor G. E. H. Foxon is Chairman of the School Council Sub-Committee on Audio-Visual Aids.



Stewart Cameron

ACTIVITIES
IN THE
DEPARTMENT OF PHYSIOLOGY

by

J. N. Hunt

Historical Perspective

In the Department of Physiology the research interests today have much in common with those found in the department many years ago. Pavy, who discussed with Claude Bernard the control of blood sugar, would show interest in the studies of Crossley & Jourdan on carbohydrate tolerance. Pembrey, who was a pioneer in studies of hibernation and the control of body temperature, would see the extension of this work to patients in the operating theatre, by Lunn: Hurst would consider that the current B.Sc. students' study of purgation was a continuation of his investigations of colonic function: Spurrell would see the evolution of his ideas in the present work of Hunt, Knox and Ramsbottom.

Pembrey, the founder of the Students Physiological Society and Spurrell who so keenly supported it, would no doubt have noted with approval, in the current number of the Journal of Physiology, a paper by Elias, Gibson, Greenwood and Tripp, the B.Sc. students of 1964, on the effect of carbohydrates on gastric emptying.

The ascending status of the dental student, as shown by Greenwood's contribution to the Journal of Physiology and a paper now in preparation by two dental students, Barker and Dufton in collaboration with Cochrane and Corbett, the B.Sc. students of 1965 would give pleasure to Anderson, who recently and regrettably migrated to Bristol.

Clinical Emphasis

Running through the work of the department there is a common thread based on the long tradition that staff and students act as subjects, the work almost exclusively is in man, and the results are often applicable to clinical practice. The department aims to provide a service, either by carrying out investigations, by providing facilities, or by advising. For example Mallinson, a senior medical registrar is now applying the experimental findings of Elias et al (1968) to the diagnosis of pancreatic disease. Clark, teaching preclinical students the complex facts of respiration and taking his apparatus to the bedside, is equally useful to the departments of Medicine and Physiology. They are a portent for the future in which the distinction between clinical and preclinical will be blurred.

The department is unusual amongst Physiology departments in being staffed almost exclusively by medically qualified men and women. Over the years the department has been a stepping stone for many on their way to higher degrees and diplomas in clinical medicine.

No department can be better than its technicians and ancillaries. Baker is our doyen. He and Bennett have served the department well since Pembrey's time.

Individual Activities

T. J. H. Clark is interested in the relation between the ventilatory response to CO_2 and airflow obstruction. This has clinical relevance as it may reveal why some patients develop respiratory failure while others maintain a normal PCO_2 in the presence of apparently similar airflow obstruction. Although a Lecturer in the department, Clark is also attached to the department of Medicine and much of his work is of a clinical nature. He is thus able to relate his studies in respiratory physiology to the care of patients.

B. L. Coles is studying the relation between dietary carbohydrates and the serum proteins. Despite a normal or high protein intake the ingestion of a diet with a high carbohydrate content is accompanied by a significant fall in serum albumin concentration. In high sucrose diets containing 9 per cent protein and cream there was a significant increase in α globulin concentration which was not seen on iso-caloric diets containing 18 per cent but no cream. Investigations are at present proceeding to determine if the increase in α globulin was due to the decreased protein intake or to the cream.

The effects of acute and chronic carbohydrate loads on the isoenzymes of serum amylase in human serum and their diagnostic value in hepatic, pancreatic and salivary gland disease are being studied.

J. N. Crossley is interested in the effect of dietary sucrose on those changes in the serum lipids which are thought to precede ischaemic heart disease. He gave 70 per cent sucrose diets for three months to baboons with chronic portal catheters. Sucrose test meals labelled with ^{14}C were given before, during and after the dietary period. It would appear that an increased rate of fructose uptake leads to increased conversion of fructose to serum glycerides when glyceridaemia is induced by a high sucrose diet.

In a survey of 218 employees of Beecham's Ltd., (in collaboration with Drs. Keen and Boyns, Department of Medicine) it was found that fasting serum glycerides and total cholesterol were both positively correlated with plasma glucose and plasma insulin responses to an oral glucose tolerance test in men and post-menopausal women. No such correlations were found in premenopausal women. These findings support the view that ineffectiveness of insulin is associated with high fasting serum lipid levels in the two groups prone to atherosclerosis.

A. E. Davis is employed part time in the department where his main interest is in the mathematical or statistical methods which may help in the solution of particular problems. The larger part of his time is spent with English Electric Computers Ltd., who employ him to investigate those areas of the Health Service where computers could be of assistance.

J. N. Hunt and **M. T. Knox** are comparing the relative effectiveness of different acids in slowing gastric emptying. It turns out that the greater the molecular weight of the acid, the less effective it is in slowing gastric emptying. Nothing else appears to be relevant, weakness or strength, fat solubility or insolubility. Presumably the acids are sieved through water-filled pores in the duodenal mucosa before they reach the receptors which slow gastric emptying.

M. H. Jourdan is studying the metabolism of carbohydrates with a view to assessing their value in post-operative care. He is comparing the effects, of glucose, fructose and a partial hydrolysate of starch, given by mouth and intravenously. Differences in metabolism dependent upon the method of administration could be attributed to the action of the intestinal mucosa or to the first passage through the liver.

M. T. Knox has been mainly concerned with studying the slowing of gastric emptying by fats. They act by stimulating receptors in the duodenum. The products of fat digestion, fatty acids and glycerol, are many times more effective than fat, and it appears that the fats slow gastric emptying after conversion into fatty acids. Long chain fats, which enter the lymph, are much more active than short chain fats.

C. Mallinson is continuing this work by comparing in patients without bile or pancreatic lipase the relative slowing effect of fatty acids, which should be normal, and triglycerides, which should be much less effective than normal, if the hypothesis is correct. This may provide a simple quantitative test of lipolytic pancreatic function.

The finding of Elias et al, that disaccharides slow gastric emptying as if they were converted to monosaccharides before they excite the duodenal receptors, has provided Mallinson with a quick method of diagnosing the absence of the lactose splitting enzyme. In normal people lactose slows gastric emptying nearly to the same extent as mixtures of glucose and galactose of the same carbohydrate content. This is because the lactose is completely split by lactase before it excites the duodenal receptors. A finding that meals of lactose leave the stomach much more rapidly than a mixture of galactose and glucose would indicate that the enzyme lactase is present in subnormal amounts. This method of diagnosis should be much simpler and more widely available than enzyme assay in mucosa obtained by per oral biopsy.

H. F. Lunn has made studies of the temperature of patients undergoing routine surgical operations. Patients lose heat in the operating theatre and their peripheral blood vessels constrict. He believes that the morbidity will be reduced if the vasoconstriction is minimised.

Besides his clinical work, Lunn has studied the value of various indicies of character and scholastic ability in predicting success in the 2nd M. B. He has also organised a continuing record of student progress with a view to assessing the effects of different teaching methods. He is making a special study of teaching in Medicine.

He recently gave a Hunterian lecture on the subject of ulceration of the skin caused by temperature sensitive *mycobacteria* based on eight years experience of this condition in Uganda.

I. Macdonald is studying the relationship between dietary carbohydrates, particularly sucrose, the plasma lipids and myocardial ischaemia. In co-operation with Dr. Charles Baker he has found that patients who had a myocardial infarct at least six weeks previously, incorporated more radioactive fructose and glucose into their serum triglycerides than controls. In both groups the incorporation of fructose into triglycerides was greater than the incorporation of glucose.

I. Macdonald and **L. J. Turner** have found that blood levels of fructose are significantly higher after taking sucrose than after taking equimolecular quantities of glucose and fructose which are the constituent monosaccharides of sucrose. The response in men and women was similar, but as premenopausal women incorporate less fructose into their lipids than do men; this distinction is therefore dependent upon metabolism, not absorption.

By electrophoresis it is possible to find out whether a patient's raised level of triglycerides in the plasma is induced by dietary carbohydrate, particularly sucrose, or by dietary fat. Appropriate changes in the diet may be relevant to prevention and treatment of myocardial ischaemia.

G. M. Preston has found that the experimental diabetic rat develops a neuropathy similar to that found in diabetic patients, with a marked slowing of the conduction velocity of the action potential of peripheral nerves and severe damage to the Schwann cells, showing as a segmental demyelimination. In diabetic rats given daily insulin at a level which maintained their weights and growth rates at normal levels, there was no electrophysiological or structural evidence of a neuropathy.

N. Ramsbottom is developing a method of measuring the gastric output into the duodenum similar to the dye dilution methods used for measuring cardiac output. With a grant from the Royal Society he has developed an instrument with fibre optic probes which allow the concentration of dyes in the duodenal lumen to be measured without withdrawing samples. This should enable gastric emptying to be measured from minute to minute instead of averaging it over 10-minute periods as is done at present.

Professor Hunt is head of the Department of Physiology at Guy's Hospital Medical School.

NURSING SECTION

Students and Nurses

It has often been suggested in recent years that the Hospital might benefit from a closer liaison between the Students and the Nurses. At present there is little contact between the two groups — to their mutual disadvantage.

The Nurses' Representative Council discussed the possibility of the Nurses becoming Associate Members of the Clubs' Union, and of some of its constituent Clubs, with members of the Clubs' Union Council in 1967. As a result of this meeting a Social Secretary was appointed by the Nurses to liaise with the Clubs' Union Council.

One of the first difficulties met was that, if we were to have the use of the several Club facilities, we should have to pay at least some sort of subscription. It was agreed that a reduced annual subscription would be sufficient and the Governors of the Hospital, who have shown great interest in this plan, have said they would be prepared to find some way of helping in the payment of these subscriptions if there was sufficient demand from the Nurses.

Unfortunately few Nurses have shown much interest, perhaps due to the lack of information. Many Senior Nurses are under the impression that the Social Secretary's sole function is to provide suitable Male escorts — at short notice — for Matron's Ball! The junior Nurses are a little better informed, and the recently introduced Coffee parties for each new set of Nurses with the Secretaries of some of the Students' Clubs have had some interesting results. Even the Rugby Club has benefited from these meetings in the support that they have received from Nurses at Rugby Matches.

The Theatre and Music Clubs have always provided an easy entree for Nurses and welcomed their support. Nurses have been seen not only providing valuable backstage assistance, but also performing on stage and in the Concerts, as soloists, members of the Chorus and in the Orchestra.

Other Clubs in which Nurses could make a significant contribution include the Womens' Hockey, Tennis and Athletics Clubs. The Judo and Fencing Clubs would also benefit from the increased membership that we could provide, and, though the Squash Courts are usually fully booked during the evenings and weekends, we might be allowed to use them at times convenient to Nurses but not to the Students.

Some Clubs would not lend themselves to female participation but there are Clubs for Bridge and Photography, and a Sailing Club that we could take an active part in without resigning our femininity.

What, then would we be able to contribute to this arrangement? There are the Swimming Pool and the Tennis Court it is true, but we should have to even the balance by taking a greater part in the organisation of the Clubs that we would hope to join, helping in the running of Hops, Dances, Sports Day and the day to day running of the Clubs.

The main drawbacks of such a scheme would be difficulties with off-duty and the fact that many senior Nurses already lead a full life outside the Hospital. Neither of these factors take away from the benefits that both parties to such an agreement would obtain, and it is important that all possible support is given to the Nurses Representative Council in their negotiations.

Please see your Set representative or the Social Secretary. Let them know what you think about this plan, or ask for more information.

REVIEWS

GYNAECOLOGY by J. M. Holmes. Bailliere, Tindall and Cassell Ltd., 21/-

Teachers of clinical subjects, well aware of the increasing number of facts with which the undergraduate is faced, are continually reviewing the presentation of their own subject. This book represents the selection made by one teacher. It is best read by those who have already acquired knowledge from other sources and is therefore, most useful for revision purposes. The very conciseness of the book means that it must be read critically and that the reading of many sections must be supplemented by more detail from other sources. Examples are those sections on dysmenorrhoea, genital tuberculosis and testicular feminisation.

This therefore, is not recommended as a text book, but is a valuable *aide memoire,* and excellent book for revision purposes. It is furthermore, a useful guide for the student concerning those subjects to which he should pay especial attention.

E. D. MORRIS

A SYNOPSIS OF PUBLIC HEALTH AND SOCIAL MEDICINE.
A. J. Essex-Cater. Wright. 75s.

The Synopsis Series of books is well known to students and, if used in conjunction with the standard textbooks, can be a great help when preparing for examinations. However, unlike many of this series, Synopsis of Public Health and Social Medicine is not designed primarily for the undergraduate Medical Student. As a synopsis it is useful for graduates who are taking D.P.H. or even D.C.H., and for students of Social Science, but for the medical student (or health visitor) it is more of an Encyclopaedia.

It could perhaps have been shortened slightly by leaving out all descriptions of clinical features and treatment of various diseases, e.g. Diabetes mellitus, all of which can be learned elsewhere. On the other hand, it would have been useful to have a list of references at the end of the book, instead of the few references given in footnotes and in the Preface. It is a pity that the print of the whole book is so small and tiring to read.

The inclusion, in this second edition, of a chapter on the sources, effects and control of Ionizing Radiation is a sensible and forward-looking addition.

This is a very good synopsis of a vast and interesting subject and, if used correctly—as a reference book for medical students and health visitors or as an examination aid for post-graduates—it will serve its purpose well.

MARGARET R. S. BARKER,

Pre-medical Primer No. I. Harry Asher.
MUSCLE & BONE ANATOMY & PHYSIOLOGY.
Arlington Books. 7s. 6d.

Here at last is a book for the student whose monotonous outcry to pre-clinical anatomy is that it has little bearing on clinical matters. It will be particularly useful to the majority of pre-clinical anatomists who, unfortunately, insist on learning their anatomy from Dissection Guides. This excellent, cheap little book gives concise, factual, diagrammatic information, which can be learnt with the minimum of effort and time.

I thoroughly recommend this book to all those, and there are many, who have difficulty, in learning their anatomy from more advanced textbooks.

Not recommended for the pure anatomist.

A. M. ROSS

CORRESPONDENCE

Professor Emslie in Chicago

SIR,—May I add to your note regarding Professor Emslie's appointment the fact that while he was doing his post-graduate year in Chicago the work he did was so highly valued that the State University of Illinois, the most important of the Universities in Chicago, awarded him the degree of M.Sc. May I also make a note regarding the possible association of Guy's and King's. As is recorded in the "History of Guy's Hospital 1725 - 1948", during the nineteenth century there were men teaching in various branches of science the same men teaching at both hospitals; an association which has been most happily continued in more recent times.

Yours, etc.,

F. N. DOUBLEDAY

Guy's Hospital,
S.E.1.

N.G.H. Flower Shop

SIR,—The Flower Shop in New Guy's House has been taken over by the Ladies Association, and is being run on a voluntary basis, with profits — (if any) going towards patients' comforts.

This shop is open every afternoon from — 1.45 p.m. to 4.30 p.m., and each evening from — 5.30 p.m. to 7.15 p.m., Monday to Friday.

Volunteers are required — not necessarily for immediate help, but to enable us to build up a rota. Teenage sons and daughters may be interested.

If you can help please contact Mrs. Salmon or Miss Lowe, Ladies Association, Guy's Hospital.

Yours, etc.,

MRS. M. K. SALMON

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

Eastbourne Dinner

SIR,—A Guy's Dinner will be held at The Mansion Hotel, Eastbourne on Thursday, 27th June, 1968 at 7.30 p.m. for 8 p.m. (dress informal).

The Annual Representative Meeting of the British Medical Association is being held in Eastbourne during that week, and it is hoped that everyone connected with Guy's — whether attending the meeting or living in the area — will swell the numbers.

Tickets may be obtained from Dr. Forster at Kelvin Lodge, Salisbury Road, Eastbourne, Sussex, and the price is £3. 0 0d per person, including sherry and wine. Wives, husbands and guests will be warmly welcomed.

Yours, etc.,

DR. S. C. C. SCOTT
DR. R. A. FORSTER

Station Road,
Epping, Essex.

Past v. Present Cricket

SIR,—The Past v. Present cricket match will be held this year at H.O.P. on Saturday, June 8th, 11.30 a.m. start. Would any past member wishing to play please contact: C. R. Pearson, Hon. Sec., Cricket Club, East Wing, Guy's Hospital, S.E.1.

Yours, etc.,

C. R. PEARSON

The East Wing,
Guy's Hospital.

Retirement of Ladies Association Secretary

SIR,—Mrs. Wallis is retiring as Secretary after nearly 20 years with the Ladies Association.

During that time she has been the main link between the hosptital and its 300 members scattered throughout the country and much of the good work done by the Association has been due to her efforts.

Members of the Association are presenting her with a gift at the Annual General Meeting, but if any friends throughout the hospital would like to join us please send donations to — Mrs. L. F. W. Salmon (Hon. Secretary), Ladies' Association, Guy's Hospital.

Yours, etc.,

Mrs. M. K. SALMON

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

Hong Kong — A Student Abroad

SIR,—Many years ago the Lord Buddha, Confucius and Laotze were walking together over a bridge debating the relative merits of each other's philosophies. A violent rain storm arose which hid them from view. When the rain ceased and the sun shone again there was only one figure to be seen walking away in the mists of the distance. Taoism was revealed to Huang Ti and part of his teaching was put into writing by Laotze in the 5000 character poem the Tao Te Ching and commented on by Chuang-tze. The Chinese National religion is an indistinct fusion of Taoism, Confucianism, Buddhism and Animistic nature worship each of which can also be individually practised. It is for this reason that it is equally right to say that the religion of the masses is not Taoism as to say it is Taoism—White Tiger and Blue Dragon are Taoist symbols used by the Feng Shui man. The Feast of the Hungry Ghosts is a wonderful story of Compassion when understood. However, all this is beyond the point of my last letter, the object of which was:—

1. To indicate that religion should not be introduced into medical articles without learning and caution.
2. To show up the offensiveness of referring to anyone's religion as spiritualism and superstition. Religions are but different people's different ways to reach the Summit.
3. To plea for the rectification of Chinese medicine where it fails, rather than to destroy. Confucius taught the value of tradition. The lesson in all this may well be, Build by Education and Reason. The useless will then destroy itself without man's intervention. May we all have a gentle approach to life and the people living it and by a renunciation of the Ego mitigate the painful consequences of a world torn by duality.

Finally may I be allowed to correct the errors. I wrote ESOTERIC not exotic. My name is BALEAN not Balian and I am not a doctor, the title Ken bestowed upon me. I am just an old man who deeply treasures the Jewels of the Spirit so generously bestowed upon us in the past which now are being so thickly obscured by mire.

Yours, etc.,

O. BALEAN

Officers' Mess,
Royal Air Force
Henlow, Bedfordshire

Nurses' Uniform

SIR,—I am glad D. Cobell put so clearly his reasons for wanting to put the entire nursing profession into blue cotton/polyester dresses plus badges. D. Cobell does not give his or her sex and profession or whether he or she is doomed to an over-all characterless garment, for the sake of equality, economy and the risk of being thought a 19th-century skivvy.

When I chose Guy's Hospital to do my training—and thank God we are still free in this choice—I chose it chiefly because there was a swimming pool and the uniforms looked beautiful! Having chosen, I received the best possible training in the care of people that I could possibly have had. It was four years hard work on very little pay and I do not regret a day of it, not even the days when the so-called "dragons" of sisters insisted on improvements which I did not think necessary. It was a training I am proud of and grateful for, and strangely enough I often wish I had kept one of my uniforms in the wardrobe!

Every frock was made to measure; they had style, the bodices were lined, the fullness of the skirt narrowly pleated into the back eight inches so that the apron of fine linen lay flat and neat, with an inch of the skirt showing below; the starched collars and cuffs all made for dignity and elegance.

So much for the uniform, which is, of course, a matter of my opinion—but also I suspect, of many.

"Initially £315,000" will be saved, and then "£240,000 on the annual laundry". This country certainly needs to find once again the secret of prosperity; in the meantime, if the nursing profession *have* to sacrifice their uniforms, they will. But the best way to put our country on its feet is to help people work harder, have a pride in their job and do it better. We might well consider that in ordering the earth the Almighty has been bountifully generous in the shapes, sizes, colours and uses He allows, although nothing is wasted.

As for our uniforms smacking of the 19th century "girl in service"—we could well do with a great deal more of the spirit of service to-day, and I for one am not afraid of being associated with the word "Service" in whatever shape or form it comes. D. Cobell will find this true of the younger generation as well as the old. Service does not mean slavery.

Perhaps if the worst came to the worst, Guy's nurses would still be allowed to be free to choose the colour of the Hospital stockings, after all they wash them themselves.

Yours, etc.,

BUNTY TRAILL, née REEVES.
(Guy's Hospital, 1931-36 1940-45.)

Flat 4,
Garrick's Villas,
Hampton, Middlesex.

SIR,—May we say how heartily we disagree with Mr. Cobell's views on the new uniform versus the traditional uniforms.

The new uniform makes the wearer look like a cross between a factory worker and an expectant mother. Whereas the traditional uniforms are comfortable to wear, attractive to look at, and give the wearer poise and a general air of efficiency.

Is it really true that caps "could usefully be removed without giving specific offence to medical precaution"? The wearing of cap and strings necessitates a neat hair-style. We venture to suggest that, when caps are no longer worn, the patients will be at risk from untidy whisps of hair hanging over their open wounds.

At a time when nursing recruitment is at such a low ebb, is it wise to remove one of the remaining attractive features of nursing—a uniform of which we are justly proud?

Yours, etc.,

ROSEMARY G. SELWAY,
and the nursing staff of Cornelius Ward.

Cornelius Ward,
Guy's Hospital,
London, S.E.1.

The most effective product for treatment of hypersensitivity has a 90% success rate.

That product is Sensodyne

SENSODYNE
TOOTH PASTE FOR
SENSITIVE TEETH

Sensodyne is a toothpaste especially produced for the adjunctive treatment of dental hypersensitivity and oral neglect. Used in the same way as regular toothpaste, therapy becomes a normal everyday habit. And as regular treatment continues, so discomfort is relieved. Sensodyne tastes pleasant, cleans well and works effectively, because it contains strontium chloride—a therapeutic agent with a cumulative desensitising action. Regular use of Sensodyne results in painless brushing, improving oral hygiene, and aiding dentists to carry out speedy, unhindered treatment. Advise patients to brush with Sensodyne every day—preferably twice a day for best results.

PROFESSIONAL SAMPLES CAN BE OBTAINED FROM:
PROFESSIONAL RELATIONS DIVISION, STAFFORD-MILLER LTD.,
166 GREAT NORTH ROAD, HATFIELD, HERTFORDSHIRE.
"QUALITY PRODUCTS FOR DENTAL HEALTH."

SPORT

RUGBY CLUB

THE SPRING ANNUAL GENERAL MEETING

The Spring A.G.M. was held in the Physiology theatre on May 10th. The following officers were elected for the 1968-9 (125th) Season.

President—J. S. Batchelor Esq., F.R.C.S.
Hon. Secretary—G. B. Hey.
Hon. Assistant Secretary—C. G. Neville.
Junior Team Secretary—C. G. Rowland.
Schools XV Secretary—J. E. Reynolds.
Wednesday XV Secretary—M. Hawkins.
Ball Secretary—C. G. Rowland.

At a previous meeting of 1st XV members J. E. Davies had been elected captain for 1968-9.

Dr. G. Preston, reporting on behalf of the 125th Anniversary Sub-Committee said that Dr. Windsor-Lewis had agreed to raise a side to play Guy's on October 30th 1968 at Honor Oak Park. Also a dinner had been arranged on that date at the Grovesnor House Hotel.

HOCKEY

FOLKESTONE EASTER TOUR, 1968

An invitation was once again received from the organisers of the Folkestone International Hockey Festival and as this is universally regarded as being the premier Hockey Festival in the world it will come as no surprise when it is said that the wife of the leading organiser was a patient in Guy's not long ago! The team was very ably led by the captain, S. Cripps, and that distinguished consultant, Mr. Leatherhead. We assembled outside the Union at the improbable hour of 7 a.m. on Good Friday. A subtle aroma of stale beer and traces of curry established that everyone was still in strict training and one of the leaders was heard to say that he had been working all night. Some of the other members merely gave this impression! Shortly after leaving, a goalkeeper who shall be nameless, made another piece of hockey history by being ill before even reaching the festival. It was reassuring to hear him say later in the day "just a pint, please". Fortified by breakfast *en route,* we arrived in Folkestone in good time for the first match, which was against Bedfordshire Eagles—a pseudonym for the Bedfordshire County side—fairly formidable opposition for the opening game. They were, in fact, unbeaten at the festival and defeated the England Schoolboys XI, which itself later won all three home internationals. Guy's performance, therefore, of drawing 1—1 with the Eagles was one of considerable merit. The Guy's goal was scored by that promising young dentist, J. Eyre, following one of his mazy dribbles. A certain failure to open up the Eagles defence by way of square or through ball was the main reason why Guy's, playing well, did not score again. In the event they realised to their horror that they were one goal up, conceded the customary goal and ended up happy in the knowledge that they were still the Folkestone draw experts.

After the game the team returned to the Chilworth Court Hotel, who had surprisingly invited us back again. There was some quiet Common Market negotiating with our fellow-residents, H. C. Bloemendal—a leading Dutch side. The captain and the toastmaster went off to a cocktail party at which, with customary cunning, they consumed more champagne than anyone else and raised an interesting point of etiquette—is it permissible to ask the Lady Mayor (no matter how delectable) "What you doing later?" The following day the opposition was even stronger, being Iceni, the pride of East Anglia, a side largely composed of senior county players with a couple of young internationals thrown in for good measure. Guy's played splendid hockey in this game and were well worth the draw, though it must be said that once again they took the lead through a fine goal scored by that other promising young dentist, J. Townend. The subsequent equaliser restored Guy's faith in themselves as draw experts. Bob Clark played particularly well in this game as did Mike Appleby, despite showing a little of the strain recently undergone at the hands of the examiners and subsequently. (M. H. Witte, the Dutch international umpire who umpired this game said that it was one of his most enjoyable at Folkestone.) The alcohol intake was stepped up in the evening following a visit to the palatial Norfolk Hotel, where an epic game of clap-clap/fizz-buzz/ animal noises was played. Guy's boys were on the G.P. again with a vengeance. The objects of the evening were two-fold, the first was to reunite Guy's and that king of hoteliers, Matt Dillon. The second was to speed that great destroyer of a player, J. Crafts, towards marital bliss. Unfortunately, when Dillon heard that Crafts was on the premises he fled. Even a non-violent sit-in failed to reassure him that our intentions were honourable. It is believed that later in the evening there were several nocturnal successes, not the least of which was Nick Dodd fishing out of a window for (and catching) his pants with a coathanger and dressing gown cord.

The match on the Sunday found Guy's at their most infuriating against Birmingham University. Having the confidence of drawing with two first-class sides and with Winskill and Dodd showing tremendous form, Guy's should have won comfortably on territorial pressure. In the end, however, they had to concede a rather tame 1—0 defeat. Any sorrows which may have lingered on after this game were sloshed away during another epic evening. On Easter Monday the final match was against Radley Galleons—old foes. Interest was lent to this game by the fact that the Galleons had beaten Gore Court the day before, Gore Court having beaten Guy's rather heavily earlier in the season. Guy's raised their game to the level of the first two games and finished comfortable 2—0 winners. Your correspondent missed both goals but was reliably informed that "Dodd scrabbled ball in after goalmouth melee" and that "Brooks scored from a beautifully hit short corner". The hotel still being intact (with minor discrepancies), we were bidden a fond farewell by mine hosts and pressed to come again. This success, together with the playing results and the fine weather made it a memorable week-end. To sum the season up, having appeared in two cup finals, with the emergence of Vellacott and Clark as two above-average players, and having regard to the spirit in the Club, it has been a good season. Much has been due to the quiet efficiency of Stuart Cripps as captain and to the other officers of the Club. With most of the current players available next season, and with the prospect of regular coaching, we can look forward to next season with confidence.

K. Lockhead
(E.C.H.U.A.)

Team: R. Clark, M. Vellacott, D. Crafts, R. Kendrick, C. Pearson, R. Goodhart, A. Winskill, S. Cripps (capt.), M. Appleby, N. Dodd, A. Godfrey.

CRICKET

The Cricket Club wish to draw a veil of secrecy over the 1st XI's cup match against St. Bartholomew's, which they lost by 15 runs. Further information is not forthcoming, except that no one distingushed himself. This is an unfortunate result, as generally the team are playing well this year. So far 4 matches have been won, 2 lost, and 1 abandoned.

The 2nd XI, in the best traditions of Guy's second teams, took revenge with a crushing victory in the Junior Cup. A report appears below.

GUY'S v. PUTNEY ECCENTRICS

Saturday, May 4th, at H.O.P.
Abandoned because of rain.

Guy's 128 for 4 (Gillham 25, Clark 33, Silk 41).

Guy's, batting first, lost the wicket of Goodhart in the fourth over with the score at 1, and thus made a slow start. However, fifty runs were added in the first hour. When Silk came to the wicket the scoring rate increased and Guy's were manoeuvring themselves into a strong position when rain prevented any more play.

GUY'S v. LONDON HOSPITAL

Sunday, May 5th, at H.O.P.

Guy's won by 9 wickets.

London, 43 all out (Crafts 4—26, Beacham 4—9).

Guy's 44—1 (Goodhart 30).

The toss was won by the London, who decided to bat, much to the delight of the Guy's bowlers. The London batting was weak and good bowling from Crafts and Beacham, supported by good fielding, proved too much for them. They were all out just before lunch, after only 1½ hours' play.

Guy's lost only one wicket, that of Goodhart, in passing the 43 needed to win. This was an encouraging win on the eve of the first round of the U.H. Cup.

GUY'S v. ASHSTEAD

Ashstead 97 (Clark 5—14, Pearson 5—22).

Guy's 100—5 (Silk 34, Clark 36).

Ashstead batted first on a remarkably dry wicket considering the rain that had fallen on the previous few days. Their openers batted well and the score was 70 before the first wicket fell. The wicket, however, suddenly seemed to become more difficult to bat on and Clark and Pearson exploited this well by taking 5 wickets each and Ashstead were all out for 97. Once again, the fielding of the Guy's team was very good.

Silk opened the batting in Goodhart's absence and immediately started attacking. When he was out, Clark kept up the rate and eventually Guy's won by five wickets.

A. GILLHAM

Team: R. Clark, C. Pearson, R. Beacham, D. Crafts, D. Silk, M. Appleby, G. Hey, A. Gillham, S. Bowden, P. Swift, W. Davies.

U.H. Junior Cup 1st Round
GUY'S II v. BART'S II

Tuesday, May 7th

Result: Guy's 252—8 (40 overs) Bart's 132—7

With such a start to the season, can any hospital prevent Guy's walking away with the Cup?

On a somewhat spongy wicket, with rain threatening Guy's opened. Samjii and Swift shared a second wicket partnerhip of 65 elegant runs, then they were both out, Hey came in and in true North Country fashion blocked one end, amassing 59 runs. Meanwhile at the other end Novak touched the ball 5 times to score 22 runs. He was followed by Elliott, who showed his prowess as a golfer with 81 runs—*only five times did his shots not reach the boundary*. So in 40 overs Guy's had achieved what is probably a record score of 252—8.

Bart's innings was rather anti-climactic after the fireworks early on. However, Fordham, Novak and O'Keefe bowled accurately and consistently, ably supported by Swift and the versatile Hey.

Team: Hey, Samjii, Holland, Swift, Novak, Neville, O'Keefe, Fordham, Elliott, Kendrick, Barford. Umpire: R. Pickles.

R.M.P.

TENNIS

With the coming of May 1st the grass court tennis season opened. It would be pertinent, therefore, to bring to the attention of new-comers to Guy's the existence of the tennis club and its history.

The United Hospitals Lawn Tennis Challenge Cup was first put up in 1888. Since that day, in the 71 years when competition has been possible, Guy's has won the cup thirty three times. What is possibly more impressive is that Guy's has won the competition fifteen times since 1948 and the cup has rested in the East Wing common room since 1965.

We come to the 1968 season with quite a reputation but with only two of last year's first six still remaining in the hospital. It will therefore be necessary for the new generation of 'Guy's men' to take up the challenge.

1968 is the first year of a new competition, the Inter-Hospitals League. Each round will consist of nine matches i.e. three doubles and six singles. The individual qualifications of the competitors being broadened to include any player associated with a hospital either student or staff in any department or speciality.

The club offers the facilities of five grass courts and two hard courts at Honor Oak Park. Courts one, two and three (those nearest to the hard courts) are reserved for matches and match practice. The other two grass courts are available when the grass is suitable for play and a check should be made with the groundsman should there be any doubt.

The nurses have a hard tennis court at Guy's hospital which Matron will allow students to use, providing it is not required by the nursing staff and it is booked in advance.

Any student who feels he would like to become part of the Guy's tennis tradition can take the first step by contacting either the captain, Richard Matchell or the secretary, Tony Quant.

J.A.Q.

WATER POLO

UNITED HOSPITALS' KNOCK-OUT CUP

May 6th — Mile End Baths.

Guy's had two teams competing in the U.H. knock-out cup. There is a handicap system in this competition which enabled the 2nd team to enter into their 1st round match against Mary's I with a three goal advantage. Within two minutes this lead had been eradicated and the final score was 3—7. Although Mary's were obviously the better side Guy's II accepted defeat far too readily and only Wright and Wood put up any resistance.

Guy's I then took to the water against St. George's I who received a three goal handicap. *Guy's were never troubled and eventually ran* out 10—3 winners. Challacombe (8) and Northcott (2) being in a free scoring mood.

The semi-final against the London proved a close contest. Challacombe was marked closely but still found room to score two good goals. Northcott added a further goa after a fine swim out of defence. The defence played well with Howard oustanding in goal.

After one incident a London player and P. Evans were sent off, Evans being more sinned against than sinner, as his two black eyes and broken nose proved.

Unfortunately Guy's had to play the final against Mary's immediately after the semi-final. Challacombe scored, only for the goal to be disallowed, Mary's immediately marked him with two men and he was only able to break free from them once to score. However by this time Mary's had scored five goals all from long powerful shots. Northcott scored a consolation goal near the end, Mary's winning 7—2.

This was a good performance by Guy's I with Howard dependable in goal and a solid hard-working defence. The attacking was left largely to Challacombe and Northcott both of whom played extremely well in the first two games.

D.R.E.

ERRATA

Blues—Swimming

Half Blues: K. Howard and G. Northcott.

We apologise for the error in the announcement of these awards in our last issue.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL

June 1st, 1968

House Physicians

Dr. Mann, Dr. Scott and Dr. Bishop	Mr. M. Sutton *3 months.*
	Mr. R. M. Ibbotson *6 months.*
Dr. Hardwick, Professor Trounce and Dr. Deuchar	Mr. H. W. Berry *3 months.*
	Mr. C. B. Brown *6 months.*
Dr. Baker, Dr. Houston and Dr. Grimble	Mr. R. L. M. Newell *3 months.*
	Mr. G. M. Edwards *6 months.*
Dr. Kauntze and Dr. Joiner	Mr. P. M. J. Domaingue *3 months.*
	Mr. E. Elias *6 months.*
Professor Butterfield, Dr. MacLean and Dr. Lessof	Mr. M. A. Coe *3 months.*
	Mr. G. J. Gibson *6 months.*

House Surgeons

Professor Sir Hedley Atkins	Mr. A. K. Y. Walker *3 months.*
Mr. Wass	Mr. W. L. Brander *6 months.*
Mr. Blackburn	Mr. T. A. Harrison *3 months.*
Mr. Lawrie	Mr. D. T. L. Turner *6 months.*
Mr. Glover	Mr. R. H. Greenwood *6 months.*
Mr. Brain	Mr. M. W. M. Bridger *3 months.*
Mr. Beard	Mr. J. G. Payne *6 months.*
Mr. Maynard	Mr. C. W. Thorburn *3 months.*

House Surgeon to the Surgical Unit
Mr. B. J. Rowlands *6 months*

Gynaecological House Surgeon
Miss W. J. Higlett *3 months.*

Throat and Ear House Surgeons
Mr. R. J. Tate *3 months.*
Mrs. J. M Warin *6 months*

Orthopaedic House Surgeons
Miss M. E. Fortnam *3 months.*
Mr. J. S. Ashworth *6 months*

Genito-urinary House Surgeon
Mr. P. J. C. Trenchard *6 months*

Children's House Physicians
Mr. N. M. White *3 months.*
Mr. V. J. Harvey *6 months*

House Physician to Dr. Bishop and Radiotherapy
Mr. J. K. Bell *3 months.*

Casualty Officers
Mr. J. E. Dussek
3 months.
Mr. D. J. Hanley
3 months.
Mr. T. N. D. Peet
3 months.
Mr N. C. Hamblyn
6 months
Mr. K. Kermani
6 months.
Mr. I. Reekie
6 months.

Resident Obstetrician
Mr. L. D. Byer
3 months.
Mr. W. Snidvongs
6 months.

Neurological House Physician
Mr. C. C. Penney
3 months.

Dermatological House Physician
Mr. R. K. Jacoby
3 months.

House Physician in Child Psychiatry
Miss M. Lysaght
3 months.

House Surgeons to the Thoracic Unit
Mr. A. Aynsley-Green (S.H.O.)
3 months.
Mr. J. H. Tripp
6 months.

House Physicians in the Department of Psychological Medicine

Miss W. M. Rostron	1.4.68—30.9.68
Mr. M. O. Aveline	1.4.68—30.9.68

Resident Anaesthetists
Mr. A. M. Morris
3 months.
Mrs. E. A. Welsh
3 months.
Mr. D. P. G. Griffiths
6 months.
Mr. J. H. Williams
6 months.

R.M.O.s in Nuffield House

Mr. J. M. I. Iveson	1.1.68—30. 6.68
Mr. J. M. Boulton Jones	1.3.68—31. 8.68
Mr. A. P. Warin	1.7.68—31.12.68

Children's House Physicians at Evelina Hospital

Miss D. P. L. Gorvette	1.2.68—31. 7.68
Mrs. A. M. Birch	1.4.68—31. 9.68
Mr. H. Chahim	1.6.68—30.11.68
Mr. A. J. O'Donnell	1.8.68—31. 1.69

Casualty Officer at Evelina Hospital
Mrs. Vethavenum

ST. OLAVE'S HOSPITAL

House Physicians to Dr. Cox and Dr. Mason:
Mr. A. Loach
3 months.
Mr. S. R. C. J. Stanley-Little
6 months.
House Surgeon:
Mr. R. J. Baxter
6 months.
Senior House Surgeon:
Mr. J. S. Gregson
6 months.
Gynaecological House Surgeon (S.H.O.):
Mrs. K. Roshan
3 months.
Casualty Officer (S.H.O.):
Mr. N. Irish
3 months.

NEW CROSS HOSPITAL

House Physicians in Medicine and Geriatrics (S.H.O.):
Mr. D. Siggers
3 months.
Mr. J. L. Williams
3 months.
(S.H.O.)
J. A. Nicholson
6 months.
Mr. D. B. Silk
6 months.
Orthopaedic House Surgeons:
(S.H.O.)
Mr. J. G. Cochrane
3 months.
Mr. R. A. Billings
6 months.

BECKENHAM HOSPITAL

House Surgeon:
Mr. E. N. Turfitt
3 months.

LEWISHAM HOSPITAL

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ORME-SMITH—On 14th April, 1968, to Elizabeth Ann (née Ridley, M.B. B.S.) and David Orme-Smith, B.D.S. L.D.S.R.C.S., of Lion Hill, Tadworth, Surrey, a daughter, Sophie Louisa. Sister for Sarah, Charlotte, Paul, Luciuda and Victoria.

LLEWELLIN—At Farnborough Hospital, Kent, on May 11th to Gwyn and Jean Llewellin (née Byers) a daughter, Jane Elizabeth.

MacTAGGART—To Jill (née Collier) wife of *Peter MacTaggart a daughter, Jane Sarah* a sister for Peter, Richard and William, 3 Walkee Street, Denmark Hill, Ipswich, Queensland, Australia.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2084

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Medical Ethics

Clear definition of the boundaries of moral or ethical codes such that distinction between good and bad or wrong and right can be easily and readily made, has for centuries plagued the intellect of the moral philosophers. Only the very obvious have been suitable for Parliamentary enactment such as murder or theft and even the latter may be committed 'legally' through devious and complicated financial manoeuvres.

The more relative rights and wrongs of public moral conduct have been left to the inbuilt pressures of community living to regulate which may be generalised under the dictum — Do unto others as thou wouldst have done unto you — or to put it more practically in the negative form (as are many of the Commandments) — Do not do unto others thou wouldst not have done unto you—.

With all this, many non-religious bodies have instituted their own formal codes of conduct to which members must adhere on pains of expulsion. An example of this may be seen in the medical and dental profession having its own Council, the General Medical (or Dental) Council, which functions as a professional court having its own means of control, the ability to suspend or even renounce the right of the doctor, dentist or surgeon to practice his profession. (The merits or demerits of extra-parliamentary rules and regulations set up and controlled by private institutions is another problem.)

These professional rules are themselves open to wide interpretation and thus it would seem that the rules really function as guides rather than strictly definable laws. As such cases brought before the judicial body have to be considered far more in relation to extenuating and ancillary factors than would be normally considered applicable in an ordinary court of law.

A case illustrating these dilemmas is the one in which serum containing hepatitis virus was administered to mentally retarded children at Willowbrook State School, Staten Island, New York. This research allowed the investigators to identify two types of infective hepatitis with distinctive clinical, epidemiological and immunological features. One type resembles infective hepatitis and has a shorter incubation period, and the other resembles serum hepatitis. The latter virus was shown to be moderately contagious, and infection with one virus did not prevent infection with the other.

The authors (Krugman *et al* J. Amer. med. Ass. **200**, 376, 1967) give a lengthy justification for their investigation; that permission was obtained from the parents of the children involved who were informed of all details, potential risks and benefits; that the studies were carried out at this institution because of the local endemic situation, not because the children were mentally retarded; that the studies were reviewed and sanctioned by the University Committee on Human Experimentation, by the New York State Department of Mental Hygiene and were conducted in accordance with the World Medical Association's Draft Code on Human Experimentation.

The ethical support although apparently weighty is not all that impressive when one considers that "in accordandce with the W.M.A.'s Code" is the author's interpretation of that Code which is subjective and vested. The criterion that the investigation was undertaken for the "overall good of a group of individuals" is especially dubious in its ethic. The end in no way justifies the means.

As to the endemicity of hepatitis at Willowbrook, this should be countered by improved environmental conditions and not used ethically to support the investigation. Such trials, if they are to be undertaken at all, should only include intelligent and responsible adults who, knowing all the risks, volunteer. Parents have no right to submit their children to potentially hazardous procedures, they are guardians not gods. It is also doubtful whether similar trials would have been undertaken on mentally normal children.

Finally, the investigation in no way attempted or even set out to benefit the health or condition of the human 'guinea pigs' — a consideration which should head the list of criteria in every human experiment.

Down with Porton

6,000 sheep died after accidental exposure to U.S. Army nerve gas (*Sunday Times,* April 28, 1968), and the incidence of respiratory neoplasia in Japanese known to have worked on Mustard Gas in 1945 is thirty times that expected in the population as a whole, some twenty years after the production of these gases had ceased (*Lancet,* June 1, 1968).

These two articles illustrate the short and the unexpected long-term effects of noxious agents used in Chemical and Biological Warfare.

Ever since the use of Gas in the First World War the spectre of C.B.W. has haunted the corridors of Military power. Now a little of the spectre has been seen — quite enough to remove all the doubts of the wishful thinking misbeliever. Apart from the awfulness of the idea of the toxins and gases actually being used, two other considerations add weight to the condemnations handed out to these infamous places. The first is that there is an almost complete lack of information on the long term effects of these things (the facts in the Japanese report have only come to light twenty years after the exposures occurred), and on the ecological effects of the widespread use of defoliants and especially virulent strains of bacteria and toxins.

The second fact is that these establishments have posed as worthwhile research centres whose work is almost entirely into the basic processes of virulence and epidemiology. Hiding behind this mask of respectability they have been preparing themselves for some day when they will emerge and "save" the World by destroying it.

If their work is as beneficial as they would have us believe, then why was it necessary for Porton Down to be protected by detachments of the Royal Artillery and coils of barbed wire when a peaceful demonstration took place outside the Camp last weekend, and why can only a small percentage of its results be made known even to the Medical Profession.

The most honourable thing left to do is for the Government to officially condemn the use of C.B.W. methods and to give them up unilaterally. To hand over Porton Down to the Minister of Health and let them get on with the serious work that they claim has been the by-product of their researches. This will make us most unpopular with the Americans but, perhaps, our sane decision in this matter may influence even them to abandon their foolishness.

Student Club Elections

At the Students' Club Annual General Meeting, held on Friday, 31st May, Mr. I. J. Mackenzie was elected to be Student President for the Session 1968-69. Also elected, Mr. J. O. Soul, to be Student Secretary, and Mr. R. Tudor-Williams, to be Student Treasurer.

A motion was passed at the meeting, and has been sent to the Clubs' Union for ratification, that, in future, the Student President should be elected by ballot before the A.G.M., and that the Secretary and Treasurer be elected (as at present) at the A.G.M. Details of the necessary alterations in the Students' Club constitution will be published in the near future.

GUY'S DIARY

We offer our warmest congratulations to Mr. R. A. Sells on his appointment to the post of Assistant Director of Research in the Department of Surgery at Cambridge University.

JUNE

10th	M.	1.00	University Lecture. Professor ALAN BARNES, Head of Department of Obstetrics and Gynaecology at Johns Hopkins Hospital. "A Gender Identity Clinic."
11th	T.	1.00	Clinical Lecture. Dr. BISHOP.
13th	Th.	1.00	Clinical Lecture. Mr. WASS. "Undescended Testicles."
14th	F.	1.00	Clinical Lecture. Professor BUTTERFIELD and Dr. HIGGINS. "Training for General Practice at Guy's and Thamesmead."
17th	M.	1.00	Clinical Lecture. Mr. BLACKBURN. "Intestinal Obstruction."
20th	Th.	1.00	Clinical Lecture. Dr. JOINER. "Diseases of the Arteries II."
		5.00	Neuro-surgical Round. Mr. SCHURR. Clinical Theatre.
21st	F.	1.00	Clinical Lecture. Mr. BRAIN.

British Paediatric Unit in Saigon

by

P. R. Evans

The British Government is a signatory of the Colombo Plan, under which richer agree to help poorer countries. £20,000,000 is allotted for this purpose and is laid out, in different ways, in Asian countries, by the Ministry of Overseas Development. Not much of it had gone to Vietnam, but in 1966 the Ministry decided to send a team to help the Children's Hospital in Saigon, the capital of South Vietnam, a decision which has led to nearly one per cent of our Colombo Plan money going to that country.

Vietnam is a long, thin land bounded by the South China sea, and by China, Laos, and Cambodia. It has two great rice bowls, the deltas of the Red River in the north and the Mekong in the south, joined by a costal strip backed by mountains. It is now divided by the 17th parallel of latitude where there is a narrow band, the so-called Demilitarized Zone or D.M.Z. South Vietnam is fragmented by war, its government controls all the towns while the National Liberation Front more or less controls most of the countryside by the action of the Viet Cong, aided by North Vietnamese Troops. It is like a plum duff, the war is between the plums and the duff surrounding them.

The Vietnamese are short, slender and attractive. They are industrious and have kept alert for 1,000 years by fighting off the Chinese from the north, and by conquering and colonising to the south and west. In the intervals they have often fought one another. After eighty years of occupation, the French were defeated by them in 1954. They have been fighting or been occupied by foreign troops for the past quarter of a century. The people revere their ancestors, as the

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Dr. Evans is the Director of the Paediatric Department at Guy's and was the leader of the British Paediatric Mission to Saigon, 1966–1967.

Chinese do, and most are in addition Buddhists, but there is a sizeable Catholic minority, much of which came down from the north after the division of the country. Others besides Catholics fled too, and many of these voluntary exiles from the north are politically active. The official language is Vietnamese, although until recently higher education was carried out in French. French is declining, but it is still much more useful than English.

Medicine.

South Vietnam has too few doctors, about 1,000 for 16 million people; we have 70,000 for 50 million. Of the 1,000, perhaps 700 are in the army, of the rest quite a lot are administrators. Many others practise in the capital rather than the provincial towns. Some provinces have only the army doctor who runs a private practice when off duty—if he didn't civilians would have no doctor at all. In Saigon facilities for sophisticated work are available, e.g. there is neurosurgery; the Pasteur Institute provides a central laboratory service; as carcinoma of the oesophagus is common, surgeons spend hours making a replacement for the excised oesophagus out of colon, as our surgeons do here. Public health measures are much less in evidence.

The Ministry of Health controls the actions of most doctors who are not in the army—and also nurses, pathology technicians, and so on. A married nurse with three children may wish to stop nursing, but is unlikely to be allowed to, nor will she question the decision. The Minister maintains a tight control of hospitals and may turn up on a Saturday night to see how work is going, and send for the Superintendent, and wait, impatiently twiddling his little revolver round his index finger.

Our paediatric team consisted of a consultant surgeon, who had been a senior registrar in paediatric surgery, and his anaesthetist, a registrar who had worked in a children's hospital; a pathologist with much experience of the Far East; myself as paediatrician; and later we were able to add the surgeon's wife who had been a paediatric registrar. All five of us (seriatim John Partridge, Michael Inman, Ronald Young, Philip Evans, Winifred Burgess) had worked at Great Ormond Street and so had most of our nurses—one assistant matron, four sisters and one staff nurse (Mary Pendry, Jeanne Hathaway, Mary Thompson, Pat Gregory, Janice Edmondson and Pauline Rowe). This made a team of 11, a useful number, but in the last few months two more doctors and four more nurses have gone; if they can persuade the local staff of an administrator, secretary, driver and cleaner to join in there should be enough for two mixed hockey teams. Individuals sign a contract for a year, but the scheme is planned to continue for five years.

Our aim was not to take over part of the hospital as a unit in isolation; we wanted to pass our ideas on, for this we had to infiltrate. Although we had been invited by the Vietnamese Ministry of Health, it did not follow that the local doctors and nurses would be pleased to see us. "The true secret of persuasiveness is that it *never* converts: it speaks to its own only, and discovers in them an unexpected secret of their hearts." (Freya Stark in "Choice and Toleration".)

The Children's Hospital.

The Children's Hospital has modern buildings, the main block being only twelve years old. It is free, except that mothers have to pay for their food (not for their children's), for blood and for drugs which are not in stock in the pharmacy, for ice and for drinking water, until we provided water-filters from charitable funds raised at Guy's and elsewhere in the U.K.

There is a big out-patient department, and an air-conditioned operating suite. There are 240 beds, but as no patient is refused admission there are at the close of day often 400 patients. These beds are arranged in six units. One is surgical and it contains the war casualties, children shot or more often injured by bombs or grenades, but they were fewer than the children with congenital diseases. There is a ward for infectious diseases : two rooms for typhoid, two for measles, two for diphtheria (one of them for tracheostomies), one for cholera—or chicken pox out of season, one for tetanus. This distribution gives a fair idea of the incidence of contagious disease. It is interesting that there was no smallpox. Patients with bubonic plague were transferred to another hospital, but we did not see many.

The other four units are for general disease, two for babies, one for older children up to four, and the last for the five to twelve year olds. Each unit of forty beds has a *chef de service*, that is a visiting consultant and teacher, sometimes another doctor of senior registrar status, and two interns. One was qualified, and the other was a student intern—two for seventy patients. They were, however, helped during the mornings by the students who examined patients, prescribed their treatment and wrote notes.

The wards generally were rather tatty, and our first remarkable achievement was in cleaning and painting. We were not as successful in getting running water for the wash hand basins. Mothers often preferred the corridors to the wards, and a great deal of life went on in the long balconies which served for clothes washing as well as lavatories. The parapet was something to throw the rubbish over—washing water, unwanted rice, round worms. Chickens and dogs flourished on the rich ground underneath, but it was swept clean each morning with palm brushes. I watched a mother blow her nose on to the floor, wipe her fingers on the wall, but go to the parapet to spit over it, so she had some idea of hygiene.

As I have indicated, the wards were crowded, but while we were there we watched the erection of a new four-storey block, built with Vietnamese money, for more wards. This will free much needed space for surgery, and this department will go up from 32 to about 100 beds, while there will be a gain of 150 or so for medicine, including private patients. The private fees will go to the hospital, not to the doctors who will continue to serve the state—a consultant is paid the same as we paid our two servants, which is less than we paid our trilingual secretary, and so will still have to practise at home from 7 to 9 a.m. before going to hospital, and to rush home in the afternoon in order to make ends meet. Vietnamese fees are not high, doctors are white collar workers, but do not wear ties or drive Jaguars or Cadillacs.

The medical equipment of this block is to be provided by Britain, and in addition we shall install a new X-ray department.

Fitting in.

When we arrived, the pathologist and I were greeted with exquisite politeness and I think some real warmth. Perhaps they thought we would never come, and, indeed, little had been done to enable us to work. The pathologist had a mountain of stores but was offered only a corner of the lab. Eventually we, that is, he and the Embassy and French contractors, had to build a lab., a gleaming white building adorned with the Vietnamese and British flags and containing the only acceptable lavatories in the hospital. Until they were up, an uncertain colon in a land of intestinal explosion might make one decide to have one's dysentery at home.

For me, there was no medical unit to take over. After an embarrassing pause, one of the consultants was sent off to have a diplomatic tonsillectomy. I took over her ward and learnt how hard it was to care for 70 patients and 20 medical students who spoke only Vietnamese and French. When the tonsillectomised lady came back, I moved of my own accord to the contagious diseases ward where I had little competition as there was a visiting physician who was a sort of junior registrar in pathology normally, no interns and no medical students. I was soon in demand as a consultant and teacher in the other wards. Then there was a politico-medical upheaval and a students' strike, the lady consultant became vice-dean and I took her ward again, at least nominally. In the end I had a *locus standi* in this ward and we had a small nutrition unit of eight beds, the anaesthetist took charge of the tetanus ward, and the wife of the surgeon had 16 beds in another ward.

Her husband had his difficulties. He had been invited to take over the surgery, because the surgeon-professor was Minister of Education and super-minister of Health, Labour and Social Welfare. Then the Minister lost his job and reverted to Professor, so again there was no place for the British. This is not surprising; imagine what we should do if the Ministry of Health sent a bunch of Manchurians who could not speak English to take over part of Guy's and show us how it should be run.

After much tribulation he won through, had his own patients, his own nurses in theatre and recovery ward, and his own days for emergencies. Previously all acute surgical cases referred after lunch had been sent on to another hospital for there was only one theatre team, working from 7 a.m. to 3 p.m.

The nurses had the hardest time. Their special skill was in nursing and feeding sick children, which in Vietnam are the *infra dig* jobs of the mothers. Our nurses are not allowed here to give blood transfusions to babies or to set up drips. These are nurses' work in Vietnam, and very well they do it. Furthermore, French was not enough of a language for talking to nurses and mothers, so our girls eventually gave up nursing for a while and took Vietnamese lessons. Greatly to their credit, they all found special places in the hospital in the end, and two of the six are staying on for a second year. The other four have been replaced and an extra four have been asked for and will go this year.

The students came either as juniors or seniors for four months at a time in the mornings. They had lectures at the Faculty in the afternoons. Ward clerking and teaching resembled ours, but senior students had much responsibility. In rotation they lived in a dormitory in the hospital and at night it was the student on duty who was called to an emergency, although he could call the one doctor on duty for 400 patients if he wanted to. We ourselves did little night work: for a long time we could not be called as we had no telephone.

Clinical Experience.

The impact of the hospital is at first overwhelming. Never have I seen so many children so severely ill at one time. All of us, doctors and nurses, admitted later that we had been upset at first, but after a month or so it became tolerable. Then the experience was fascinating. You never knew what new phenomenon of disease you would meet tomorrow, there was never a dull moment.

My initial impression was of lots of gastroenteritis and dysentery, encephalitis and haemorrhagic fever. This last is peculiar to the Far East. It is related to infection with the relatively benign viruses of dengue and Chikungunya, but in children aged from two to six years it is very dangerous. Curiously, babies are attacked only mildly. More than one child in a family may have it and die within days of one another, usually with signs of hepatitis and encephalitis as well as haemorrhage into the skin and alimentary tract.

Here is a note from my diary for August 10th.

"Afternoon visited 2B and arranged for regular visit Tuesday 10.30; while dealing with case of jaundice for diagnosis we were twice called away as children died in the same six bed ward. Parents present controlled, in one case mother's face crumpled soundlessly and in another it was father's—child admitted only three hours before (but had had D & V long time)—he wrapped body in a clean rough towel with red stripes and carried it away."

The seasonal incidence of disease varied, haemorrhagic fever disappeared and cholera appeared, plague and measles were replaced by pneumonia and empyema. Diarrhoeal disease seemed to be with us always, along with tuberculosis, and there was an underlying basis of malnutrition. The usual cause was that the child developed diarrhoea and the mother immediately stopped giving milk and fed the baby entirely on rice water and sugar water. Thus he had no protein or fat, and one suspects often too little carbohydrate as well, so that he would be wasted as well as having hypoproteinaemic oedema. Along with the protein deficiency you practically always found changes in pigmentation, an increase and a decrease of melanin in the same patient. The skin desquamated like flaky paint and it might crack and become ulcerated. Hair in Vietnamese patients does not usually change colour. Lack of riboflavine caused cheilitis and vitamin A deficiency produced severe xerophthalmia with softening of the cornea which might rupture. In one foundling, brought in by a female priest on whose doorstep the baby had been left, the nurse found one crystalline lens on the cheek, the other lens was in the sheet.

Intestinal infestation with nematodes was extremely common. Hookworms caused severe anaemia. Roundworms were always turning up, in the bed, in the vomit, out of the nose. One child with abdominal pain and fever developed a lump in the liver, at operation it was incised and two roundworms popped out. I suppose that they got there as larvae and developed in the liver instead of passing on to the lungs, but we thought we also saw cases of pulmonary ascariasis—bronchitis with asthma lasting for several weeks in children with eosinophilia and ova in the stools.

Virus diseases must have been common. Workers at the Pasteur Institute showed that polio, Coxsackie, Japanese B encephalitis and dengue viruses were common. One research worker collaborated with the accountant of the British Embassy. He was a keen ornithologist and used to net birds on the golf links early on Sunday mornings, she took the ectoparasites for virus studies as it was thought that migrant birds played a part in transporting encephalitis viruses.

Another laboratory at the Pasteur was concerned with salmonella and shigella, so that we knew that typhoid was commoner than paratyphoid and bacillary dysentery than gastroenteritis due to the special coliform types. Some of the clinical pictures were bizarre—let me end with a case history.

On April 20th, just before noon, I was asked to see a year-old child who was unconscious and breathing fast. He had developed diarrhoea at 3 a.m. on the previous day. His grandmother was frightened and gave him "café noir et cendres"—black coffee and ashes. He vomited blood but the diarrhoea ceased. He became unconscious and was brought to hospital with a temperature of 102°. His pupils were very small and I though this was opium poisoning, but if so why the hyperpnoea? His parents were questioned and admitted they had given black opium, so that was that. I thought the child must have severe acidosis with Kussmaul respiration and suggested giving intravenous sodium bicarbonate. I turned to go and saw in the next bed another child with diarrhoea, small pupils and temperature 104°.

"He also was given opium at home," the intern said. I noticed that he was being given intravenous saticylate.

"Why?"

"Because of the temperature."

"And did you give it to the other infant?"

"Yes."

"Then it is salicylate poisoning and that's why he is breathing so fast."

"Of course. I—am—sorry," he said in English.

Only the haematemesis remained to be explained, but this was easy, another doctor said. To give cinders as a digestive was common, but he had seen ulceration and cicatrization follow. "Cendres", cinders, is charcoal and ash, ash is caustic potash. We never knew what this child's primary illness was, but his treatment included caustic poisoning, intoxication with morphine and acidosis due to salycylism.

COMMENT: Profession's Pay

"A bag of waffle and excuses." This summarises my views on the recently published ninth Report of the Review Body on Doctors' and Dentists' Remuneration. Its concessions are :

(1) an improved salary scale for medical assistants;

(2) a small increase in the number of distinction awards for consultants;

(3) five pounds for lectures given to hospital doctors and dentists outside the lecturer's own hospital group.

The total value of this munificence is about £300,000 !

The Review Body was established in 1962 to make recommendations to the Government about Doctors' and Dentists' remuneration after having considered evidence from the Profession and the Ministry of Health. However, on this occasion the proposals made by the British Medical Association on behalf of the Medical Profession have been almost totally ignored and questions have been raised about the independence of the Review Body. The chief B.M.A. recommendations were :—

(1) The salary scale should start with £1,350 for pre-registration housemen; a registrar should receive not less than £2,150 a year and a senior registrar should have £3,375 in his sixth year. Consultants should start at £4,000 and progress to £6,000. The B.M.A. report drew attention to the salaries of graduate executives in British industry which averaged £3,040 between the ages of 30 and 34; £3,800 between 35 and 39 and £4,350 between 40 and 44.

(2) There should be an increase in the number and value of consultant merit awards.

(3) Hospital doctors below the grade of S.H.M.O. who have a higher qualification should receive an annual allowance of £150.

(4) Doctors should not be charged for meals which are taken while they are on duty.

(5) Married doctors required to be resident should not pay for their own lodging. (Here Guy's has set an excellent example in providing some magnificently furnished married accommodation at reasonable rents.)

(6) Where locums cannot be obtained, the pay for them should be divided among those who have to do the extra work.

(7) Additional pay should be paid to those who are required to be on duty or on call during what should be their minimum off-duty time.

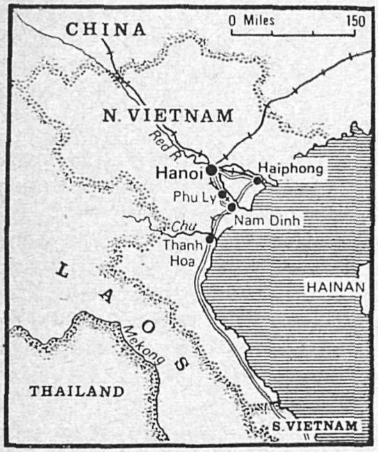
The Review Body defends its miserly attitude by saying that as there has been an incomes standstill since its last report in 1966 doctors are now better off than the Review Body would have expected when it made the 1966 recommendations. It also considers it too soon to "estimate the effect of our recommendations on the manpower situation, particularly as regards the rate of emigration among doctors". Nevertheless, a quarter of British qualified doctors—most of them middle grade and senior registrars who fared the worst in the 1966 Review Body's Report—continue to seek the better financial rewards and improved prospects in other countries. At a recent meeting of hospital doctors a Ministry of Health spokesman admitted that as there was no shortage of people to fill the higher Registrar posts there was less of an incentive to improve their salaries than there was to improve the financial rewards of general practice.

But financial considerations are not the sole cause of the unrest among hospital doctors and they do not seek preferential treatment while the country faces a financial crisis. Conditions of work are equally important and the Royal Commission on Medical Education noted "the disheartening increase in frustration and overwork" and realised the necessity for improved terms of service to stop the flow of emigration. The Review Body merely says that "efforts should be intensified to ease the burden of work load by a general reappraisal of the organisation of the hospital service." What action has been taken in this direction?

Although the Review Body states that the matter will be kept under "continuous review" there has been only one letter in the British Medical Journal since the Report was published nearly a month ago and there has been surprisingly little comment in the Press and medical journals. Is this because of agreement with the findings of the Report, shock about its contents or just apathy? The 1966 Review certainly improved the financial position of the youngest members of the Profession but if people are not to be detracted from Medicine, if the vast exodus from this island is to be stopped, if medical men and women are to be able to lead reasonable lives, then dramatic advances must be made not only in their remunerations but also in their conditions of work. We have all heard about the poor conditions and payment (if any) received by our predecessors, but this is 1968, and if doctors' wives and children are going to be reimbursed for the sacrifices they make and if our patients are going to receive proper treatment, we must all be prepared—and allowed—to give a part of our time in helping to improve the Health Service by strengthening the B.M.A. (How can it represent our views accurately and forcefully when so many refuse to join and so few take an active part in its affairs?), by making constructive suggestions to the appropriate bodies and by making the work of committees effective. Let us hope that by these methods and others we can awaken the Government and people of this country to the present state of the Health Service and so make it one in which we shall be proud to work and one which will give the best possible service to the person for whom it was established—the patient.

H. G. Sturzaker.

Medicine in North Vietnam



by

Martin Birstingl

North Vietnam has a surface area of 63,000 square miles, which is close to that of England and Wales (58,000). During the first ten months of 1966, according to American sources, 638,000 tons of bombs were dropped on this country and during the month of March, 1967, when I visited the North, the total was 77,000 tons, which compares with the heaviest bombing of the continent of Europe during World War II. But most of the bombing is by daylight and the first night I spent in Hanoi, kept awake by music-while-you-work from a foundry next door, was an introduction to the mole-like routine by which the Vietnamese survive. In countless small workshops, moved from abandoned factories, and in running the trains and convoys, a quarter of the country's adult population work all night.

The Nature of Destruction.

Systematic bombing of North Vietnam for more than two years has caused enormous damage to its cities. Phu Ly, which I visited, is completely destroyed and looks like a lunar landscape. In Thanh Hoa, the capital of a province of two million, I saw the wreckage of two large hospitals in the devastated town. The general hospital was built in 1964 and a TB hospital of 600 beds and extensive out-patient services in 1957. Both sites were first bombed in 1965 and the scattered two-storey buildings, built to the standard pattern of all hospitals in the North, were mostly piles of rubble and huge bomb craters. About thirty patients and five doctors had been killed in

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Mr. Birstingl is a Surgeon at St. Bartholomew's Hospital and went to N. Vietnam in 1967 on behalf of the Russel Tribunal.

Thanh Hoa in the early raids, but hospitals were evacuated from most cities early in 1965. The trip to Thanh Hoa province, a hundred miles south of Hanoi, took all night by jeep. We crossed about a dozen rivers in the plains. The pontoons which replace the bombed bridges at night are lashed bundles of bamboo, over which timbers are laid. The whole structure is completely dismantled and towed away at dawn. Thousands of trucks cross every night. Villagers on the route work one night in four repairing the railway and filling in the previous day's craters in roads and dykes. In one place a bombed train lay on its side. The track had been rebuilt round the wreck, and maize was growing on the rim of the big, water-filled craters.

Up to the beginning of 1967 the bombing had destroyed more than fifty hospitals, six training schools and nearly seventy village and factory clinics. Quinh Lap leprosy colony in Nghe An province housed 2,600 patients until first bombed in June, 1965, when 139 were killed and over 100 wounded. Temporary premises were established in a camp in the same district, but in May, 1966, this refuge was again bombed, causing further casualties. The Quinh Lap establishment suffered a total of thirty-nine separate air arids.

The Social Revolution.

In England discussion of North Vietnam rarely goes beyond the horrors of the war in general, but it is in the context of the real achievements of the social revolution that the policy to 'bomb them back into the Stone Age' must be described. The capacity for survival of the medical services under present conditions throws light upon other aspects of the war. Evacuation of hospitals to temporary premises has only been possible due to a previous organisation of trained personnel at village level, and village clinics to provide the necessary buildings. Many leaders of the medical profession became experienced in working under field conditions, during the war against the French. Indeed, the people of North Vietnam have not known peace for more than twenty years. It becomes necessary briefly to review the history of the present medical services and outline their

Thanh Hoa tuberculosis hospital, opened in 1957 and first bombed July 1965.

organisation, since their structure has no close counterpart in Western medicine.

In 1945 Vietnam was a backward country, hygiene in the villages was extremely primitive and in the damp, subtropical climate parasitic and epidemic diseases were widespread. Tuberculosis, leprosy, malaria, trachoma and poliomyelitis were common and in the beginning of that year two million people had died of starvation. The provisional government set up under Ho Chi Minh in September 1945 began, together with an intensive campaign against famine and illiteracy, a programme of basic hygiene and sanitation. The health service came into existence during the war of resistance against the French, as an integral part of the whole revolutionary programme and as an attempt to incorporate a primarily rural population. A number of doctors and nurses joined the Resistance and went into the jungle, among these Dr. Pham Ngoc Thac, the present Minister of Health, and Dr. Ton That Tung, now professor of surgery in Hanoi. With meagre equipment a school of medicine was set up in the jungle to train nurses, assistant doctors and pharmacists. Basic drugs and sera were manufactured and a campaign of inoculations began in the areas held by the Viet Minh. With this beginning and the decision not to rely primarily on help from the more advanced countries, an educative and preventative campaign was undertaken through North Vietnam after the defeat of the French in 1954. A vast problem had to be tackled with limited resources, and it was obviously impracticable to wait until enough doctors had been trained to cover the whole field. Instead the problem was reduced to a pyramid of necessary skill, at its base involving the health, education and basic hygiene of the whole population. By 1964, 35,000 hygiene instructors were working in the countryside. The villagers built shallow brick-lined wells, began to boil drinking water and in many regions every family now has a closed double closet which converts human waste to compost, by sealing alternate compartments for three-month periods.

Health Service Structure.

The basic structure of the health service is a network of small medical and maternity clinics in the villages, co-operatives and large factories. Each is staffed by several nurses, a midwife and usually an assistant doctor. There were 200 clinics in 1946, there are now 5,300. Almost all medical workers are recruited in the countryside and wherever possible go back to work in their own village. Rural nurses, midwives and specialist nurses are trained for about twelve months and after three years of duty in the clinics, some are chosen for further training to become assistant doctors. By 1964 23,500 nurses and midwives were working in the villages. The clinics deal with health education, ante-natal and maternity care, eye conditions and the inoculation programme. Many have a specially trained nurse to treat trachoma, still a serious problem, and they can do simple eye operations. All preventative sera are now made in North Vietnam and mass inoculation is carried out against poliomyelitis, tetanus, typhoid, cholera, diphtheria, BCG and smallpox. Malaria has been eradicated in most regions and there has been no smallpox, cholera or plague in the North for several years. One result has been a rapid population increase to 17 million and village and factory ante-natal clinics now provide birth control advice.

The village clinics are supported by a network of district hospitals, one to about forty villages, able to deal with obstetric, medical and surgical emergencies; above these are the large, provincial hospitals with training facilities and a full specialist service. Over 400 hospital have been built since 1954. After North Vietnam first became independent a number of doctors were trained abroad, but for the past five years, teaching at both graduate and post-graduate levels has made this largely unnecessary. All doctors practice an obligatory three years in the countryside after qualification and many have already worked as nurses and assistant doctors in the clinics. The doctor-patient ratio, excluding assistant doctors, was 1: 180,000 in 1945 and 1: 13,000 in 1964. There are now about four assistant doctors for every fully qualified doctor.

The Problems of War.

I visited several hospitals in Hanoi, which had not at that time suffered serious damage, although the medical school had been evacuated to safer areas. The standard of medical care was impressive and I saw corneal grafting, mitral valvotomy and partial hepatectomy. Traditional methods were still in use in these hospitals, such as acupuncture and the use of herb extracts and I saw reasonable results in the treatment of fractures with specially shaped bamboo splints. I also visited an emergency surgical team in a country region subjected to heavy air raids. This consisted of a surgeon, anaesthetist and three nurses, equipped to travel to the site of any major emergency within reach of their two jeeps. They worked in village clinics and other temporary shelters, using as their operating light a pair of bicycle lamps on a stand, and making their own saline solutions at headquarters. The surgeon was also training doctors in his district in basic techniques of the surgery of trauma. The necessity for this becomes obvious to any visitor to North Vietnam, as a result of attacks on purely

A stone elephant outside a bombed Buddhist temple.

civilian targets and the use of anti-personnel bombs scattering steel pellets. This particular weapon is now causing about one-third of civilian casualties requiring hospital treatment. The usual method of attack is for each fighter-bomber to drop four canisters of anti-personnel bombs. Each such canister (CBU or Cluster Bomb Unit) contains about 500 small bombs, each of which scatters about 400 six mm. steel spheres. A single aircraft therefore delivers about 2,000 of these small bombs, causing a blast of nearly a million high-velocity steel pellets. These weapons cause minimal damage to buildings and other targets and are designed purely against people. Amongst various civilian air raids casualties examined, I saw nine wounded by steel pellets. They showed characteristic high velocity wounds, the missiles often traversing the body through small entry and exit wounds. However, initial diagnosis was often difficult, due to lack of X-ray facilities and the presence of other wounds caused by blasted gravel and fragments of bomb casing, which were hard to distinguish from the deeply penetrating steel pellet wounds.

It is not possible to give an accurate estimate of the number of civilian casualties in North Vietnam, since evacuation of hospitals has led to treatment in widely dispersed small units in temporary premises. Those I saw were having specialised surgery and probably did not give a true indication of their frequency, since there were other specialised centres in the provinces. However, a professor of surgery told me that he had treated about sixty thoracic wounds due to steel pellets and Professor Nguyen at the Ophthalmology Institute, Hanoi had treated twenty ocular injuries due to the same cause. Certainly casualty rates have been reduced by strict air raid discipline, with individual shelters and slit trenches everywhere in evidence, but indiscriminate bombing of towns, factories and villages which occur daily throughout North Vietnam, must continue to take a heavy toll.

Conclusion.

A two-week visit to North Vietnam leaves an overriding impression of a nation's pride in the achievements of the last twelve years. One of these is the health service, which has had not only to deal with the formidable tasks facing any undeveloped country, but also withstand an attempt at its destruction. The medical services are surviving the present onslaught due to extraordinary resources of courage and ingenuity and a sound basic organisation into which the whole population has been incorporated. Indeed, the medical programme is not only an integral part of the whole social revolution, but represents one of its most spectacular achievements.

REFERENCES.

Horowitz, David (1967). From Yalta to Vietnam: American Foreign Policy in the Cold War. Harmondsworth: Penguin Books.

Toynbee, Arnold J. (1962). America and the World Revolution. London: Oxford University Press.

L'Organisation Medicale et Sanitaire en R.D.V. Etudes Vietnamiennes No. 6 (1965). Hanoi.

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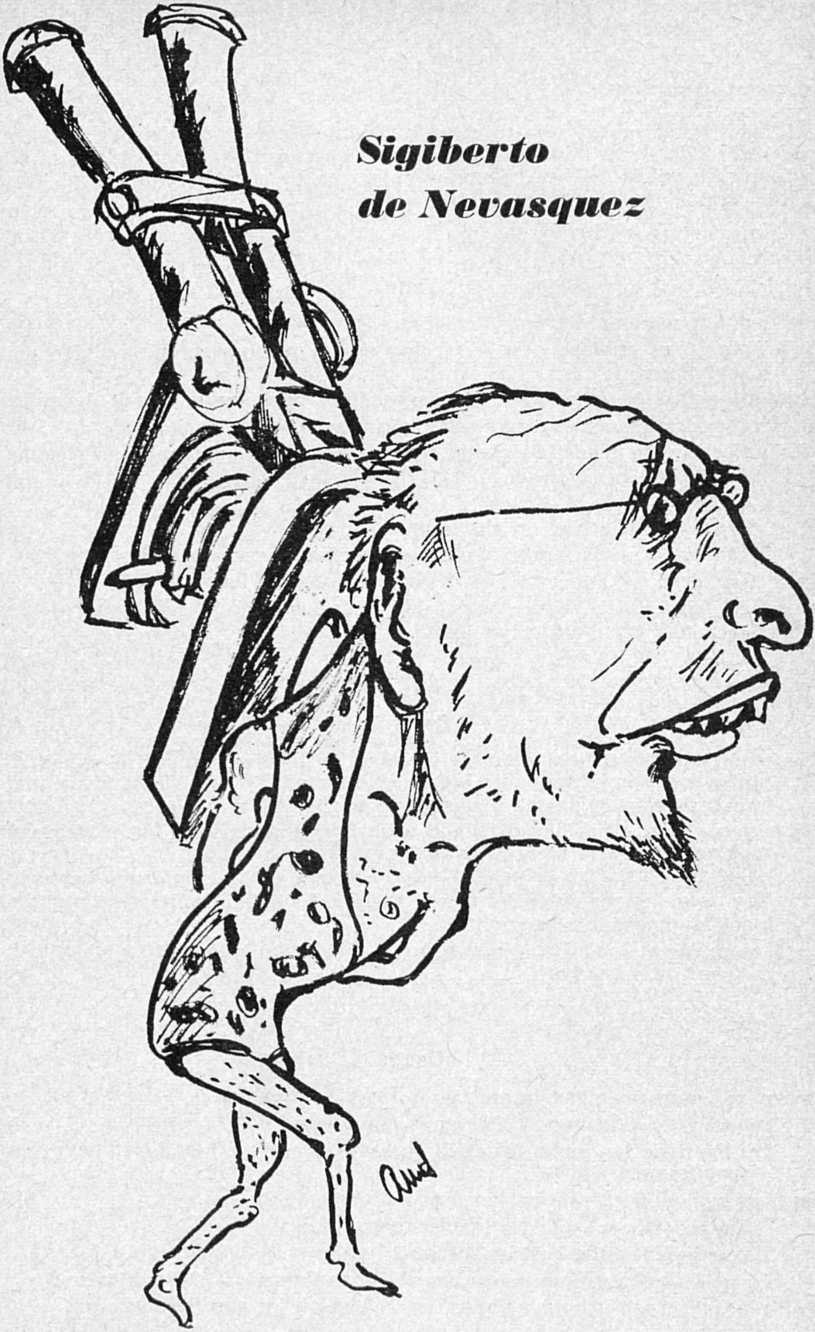
Sigiberto
de Nevasquez



NURSING SECTION

PATIENT INSIGHT

How many nurses stop to consider the problems and anxieties of their patients? Stop for a minute and consider dispassionately the problems faced by one such patient. These poems were written by a patient with more than a little insight into herself and hospital life.

Time

Nothing but waiting, waiting long for nothing,
Time is an endless eternity falling into a bottomless pit of blackest darkness,
For time waits for no one and we cannot turn back the pages of the past.
Old and lonely, dying and sad, time crawls like a snail
Until at last death peacefully claims their souls into an open space of silence.
Young and happy, joyfully living in a close relationship of love and friendship,
Time flies by, like a bird on the wing.
Seconds, minutes, hours, days, weeks, months, years. They are time,
Past, time present, and time that looms far into the future.
Tick, tock, tick, tock, goes the unnoticed clock, unaware of its importance and position in our lives.

Belief ?

The moon shed its pale rays on the sleeping Earth; all was quiet, all was still, but in one house the lights were not dimmed, no one slept, for in that house dwelt the devil.
He had come to claim his prize and a ghastly grin covered his face as he took the soul of a baby away to hell.
He laughed sarcastically at the sobbing woman and the comforting husband who were praying for the life of their child and disappeared into the black darkness of the night.
Is there really a God, if this can happen, I ask you, can people suffer like this and still believe ?

Death

Weep not over my dead bones, your tears are wasted ;
Thy hands should not touch, Oh! leave me where I lie,
Let the dead be, when the devil comes to claim them and Hell becomes their home.
Nothing but waiting, waiting long for nothing ;
I am cold and falling, falling into blackest darkness ;
I have reached the bottomless pit of eternity, and I am sad,
For perhaps I deserve more than the torturous vultures who swoop,
And peck the flesh from my bones, as I sleep on for ever in my tomb.

By Caroline Hewett
(15 years).

CORRESPONDENCE

No Taxation Without . . .

SIR,—It was with some surprise and dismay that we found, upon reading the Brown Report on Student Maintenance Grants, that no material had been submitted to the above committee by the B.D.S.A.

The report stated that "Medical and veterinary students receive an initial grant of £15 towards the cost of special instruments etc. which they are required to provide for their courses. A similar grant of £45 is made to dental students. Neither the veterinary nor the dental students specifically submitted any evidence to us."

There was also no mention in the report for marked increases in the "Additional Grant for Extra Attendance", for clinical students. Surely, when grants are only reviewed every 3 years, such a representative organisation as the B.D.S.A., should not only be well informed, but ready to act at any time on our behalf.

The B.D.S.A. had a very good cause for grievance, in that dental students not only have a long clinical year; with excess weeks paid at the inadequate rate of £6 2s. 6d. per week, but they have no opportunity to supplement their grant by vacational work.

There was also the discrepancy between different hospitals, as regards instrument buying, that could have been mentioned. If students at some hospitals receive their instruments free, surely the B.D.S.A. should have pressed for increased instrument grants, for those who still have to pay.

Is it conceivable that this organization should be allowed to continue, when it is thought, by most clinical dental students at Guy's, to provide little more than a tie and an annual conference? Some of the comments made when clinical students were asked "What does the B.D.S.A. do for you?", included "Am I a member?", "Nothing" (about 60 per cent) and "It allows me to play seven-a-side rugby and have a few beers."

It is blatantly obvious from the Brown Report, that dental, medical and veterinary students are not capable of looking after their own interests at a national level. Not only did the dentists and vets not submit a report, but the B.M.S.A. submitted evidence that student costs are less than the grants they now receive!

The time has come for a dramatic change. The Guy's Hospital annual allowance to the ineffective and static B.D.S.A. should be stopped until the Association can prove it is worthwhile.

The B.D.S.A.'s main difficulty is to achieve a coherent policy, when members of its committee are so scattered throughout the United Kingdom. Would it not be better to have a permanently based standing committee in London, where over 50 per cent of dental students work?

If this is not acceptable, it, would be in the best interests of the London dental students to form an independant association, which would be more competent to deal with the problems of its members.

Yours, etc.,

A. S. BLINKHORN
D. KING

East Wing,
Guy's Hospital.

Stop Press!

SIR,—I am sure that all Guy's men will be proud of the fact that the first medical team in Britain to transplant a heart was led by a member of the Guy's Staff, but there can be few who are proud of the publicity that followed.

Yours, etc.,

R. B. SUTCLIFFE

Jean De Lisle,
Rue Des Messuriers,
St. Peter, Guernsey.

Prejudice

SIR,—I feel I must reply to the article 'Students and Nurses' featured in the last *Gazette* and take a stand before the matter is taken any further. While I, as a mere male, watch with awe and admiration at the organising and bed-panning that goes on when large numbers of nurses cluster in the vicinity of hospital beds, I tremble with fearful anticipation at the thought that such a thing might happen to me in the sanctuary of the Students' Club.

My reasons for opposing such a nurses amalgation are not merely frivolous, however. I quote from the article 'if we were to have the use of the several clup facilities. . .' Several is the wrong word. 'All too few' would perhaps be better. The mind boggles at the thought of all the off-duty nurses assembled in the Spit, eyeing-up all the prospective males as they shuffle past in the lunch queue, which heaven knows gets longer every day as it is. I frequently join the queue somewhere in the region of Southwark Cathedral.

No, ladies. The answer is to approximate, not amalgamate.

Yours, etc.,

TIM GOULD

East Wing,
Guy's Hospital.

A Cry for the Patient

SIR,—I think that Mrs. Jean Tucker has read more into my letter than intended. I did not think there was any ambiquity. The implication of what I said was surely that everyone who read the original letter would be so disgusted and horrified that they would assume that every other reader would be of the same mind, and apart from expressing themselves forcibly about it to their family or friends, would leave it at that.

Transplants of course are another matter, but the senses that those members of our profession best qualified to know seem to be opposed to heart-transplants chiefly because the problem of anti-immunity has not yet been resolved, and this fact compels these unhappy people to lead a kind of "medicated existence" for the rest of their (probably) short lives. How far are we justified in looking upon surgeons who perform this operation with the same veneration as we are supposed to do "the Man from the Ministry" for his vaunted omniscience.

Yours, etc.,

G. L. DAVIES

Oakfield,
Hay-on-Wye,
Hereford.

Nurses' Uniforms

SIR,—For the powers that be to bring cost saving as an excuse does not hold water. The prestige value and glamour attached to the present uniforms has not been costed.

To put all first-year students into overalls with the carrot of the individual hospital uniform if they stayed the course might be sensible and even bring the first-year student wastage down.

The desire to make all alike can be seen as an attack on the teaching hospitals with a determination to level down in the same way as the efforts being made to smother the grammar schools.

It would be interesting to know what the project has cost in senior nurse personnel salaries. These are far more urgent projects waiting to be investiagted: Priority bedpans. The hard cold uncomfortable things in common use with their unhygienic procedure are a blot on nursing care. Costs arising from cross infection from this source and costs with a bearing on first-year student wastage would make dramatic reading.

Yours, etc.,

MRS. E. M. GRANT

Farley Sheen Cottage,
Albury,
Surrey.

Nurses' Uniforms

SIR,—On May 25th you published a letter from Mrs. Traill (Bunty Reeves, in training at Guy's 1931-35). May I also express an opinion?

I remember Bunty well and I share much of the spirit of her emotional attachment to Guy's, where I also am proud to have been trained. However, her revulsion (shared by many) to the proposed new standard uniform must not allow her to over-sentimentalise.

She and I were two of many bunchy girls on whom no pleats ever lay flat. Our dresses were dowdy and uncomfortable and our aprons of heavy starched calico billowed up with abandon from below the waist. Fine linen and pleats for ever mean doing last offices with Arabee and had nothing to do with uniforms. Our stockings were thick grey lisle—hideous and itchy even on good legs. In short dignity and elegance could only emerge as natural qualities and rarely did so below sister level.

Now, more than thirty years later, I am wearing sisters' uniform (old style) at another London teaching hospital. A new dress is being introduced, bitterly opposed by the Bunties who only feel professional in starched aprons and belts, paper collars and cuffs, starts, detachable buttons and strategic safty-pins. And yet, sisters already wearing the new dress, which is not faultless, are warm in their appreciation of a step-in dress with a long back zipper and no additional impediments.

Come off it Bunty—we were happy girls most of the time but we looked frightful.

Yours, etc.,

MARNY HALLAM,
(née Weaver—1931-35)

84, Rossmore Court,
Park Road,
London N.W.1.

NOTICES

Pupils' Physical Society

The next meeting of the Pupils' Physical Society will be at 5.30 p.m. on Thursday, 20th June, in the Anatomy Theatre. It will be a "teach-in" on transplantation. Speakers will include Mr. Ellis and Dr. Cameron.

Music Circle

The Music Circle will meet on Tuesday, June 11th, to hear Mr. George Singer talking about Phonography. This will be illustrated by some unique recordings and promises to be an extremely interesting evening.

The meeting will take place at 7.30 p.m. in the Music Room, East Wing, and coffee will be served. Everyone is welcome.

Photographic Society

The Society will hold a competition in the Gordon Museum during the week commencing 17th June.

Entries should be left with the Porter, East Wing, before 15th June. All enquiries to the Secretary.

REVIEWS

VERTEBRATE BIOCHEMISTRY, Second Edition.

by M. W. Neil. Published by Pitman Medical Publishing Company Ltd. *Price* 45*s*.

The introduction to all textbooks paints a glowing picture of the contents as one might expect, and this book is by no means an exception. " . . . fundamental principles of biochemistry . . . a stimulating, accurate and cheerful exposition . . . " Unfortunately, as far as this book is concerned, their statements are far from accurate.

This book deals with the field of medical biochemistry in the usual way, relating most of its statements to medical phenomena and laying more stress on the biochemistry of the alimentary canal and the blood than on the chemistry of lipids, but throughout its chapters the same criticism can be noted over and over again.

General description is poor, for enzymes, proteins, protein synthesis, D.N.A., and haemoglobin to name but a few. The situation is not aided by a lack of diagrams. The tricarboxylic acid cycle and the urea cycle are blatant examples of circumstances where one simple diagram would be worth pages of description, yet no diagrams are given.

We are told in the preface that the text of this edition has been altered in the light of recent advances on the biochemical front, and yet some of the ideas and theories which are put forward are so antiquated that they have now passed into biochemical history. There is no indication of the modern ideas of enzyne structure and function and the vital importance of these ideas in understanding hereditary disease. The author also seems to be bogged down by the new ideas surrounding the functions of sub-cellular particles.

Localisation of particular pathways within certain sub-cellular components is a subject which is expanding at such a rate that it is now imperative to know not only how a reaction occurs but where, in order to correlate this with the inter-related reactions. Although a section is included on metabolic interrelations, the author still leaves us with a picture of a cell like a witches cauldron, and little localisation of function within the cell is elucidated.

Overall this is not a book that I would recommend. It is too old fashioned in its treatment of most subjects and does not explain basic metabolic pathways in a very clear manner. Many statements, if not completely wrong, are confusing and explanations are so inadequate as not to be worth the space allotted to them. The whole book gives the idea of trying to compress a lot into a small space without, in fact, giving very much information at all.

J. O. Soul

REVIEW OF PHYSIOLOGICAL CHEMISTRY.

Blackwell. Eleventh edition. Harold A. Harper.

Harold A. Harper's review of physiological chemistry first appeared in 1939 and since then has attained an increasing popularity. This current edition is the 11th in the series and "is intended to serve as a compendium of those aspects of chemistry that are fundamental to the study of biology and medicine".

The type presentation of this book seems to be unfortunate as it suggests, along with the excellent diagrams, that brevity of reading is possible. This is soon shown to be a false idea and both first and final year students will find that to gain the most information from this volume it requires careful and exact reading of the terse prose presentation.

The scope of the book is not limited to students of the medical faculties. It introduces and relates, for example, the biochemistry, the physical chemistry and the physiology of a particular process. This is achieved, in the same chapter and thus offers a wider aspect of the problem to the specialist without needing recourse to other texts. When dealing with this sort of subject, abbreviations such as S.G.O.T. and its alternative terminology are inevitable, but there is a full list of the abbreviations used at the end of the book, which simplifies the initial reading.

As an up-to-date reference book this is invaluable as it covers such a rapidly changing field. For the examination student, for example 2nd M.B., it offers a compact source of factual information which can be readily extracted.

G. R. Barker

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LDS, RCS
Frank Allott
LDS, RCS

PHYSICIAN'S HANDBOOK.

14th Edition, Blackwell. By Marcus A. Krupp, Norman J. Sweet, Ernest Jarvetz and Edward G. Biglieri.

Any book that runs to fourteen editions can perhaps afford to cock-a-hoop at most adverse reviewers. And this information-packed vademecum is in the main so good that criticisms of it appear somewhat petty.

Designed as an ultra-quick reference book to refresh and reassure the memory of the reader of all the main diagnostic and therapeutic facts in clinical medicine, coupled with being a diagrammatic guide manual to most of the simple medical procedures, it is a truly ambitious undertaking. Yet it still manages to live up to its title of being "a handbook", for its overall dimensions remain only 7in. by 4in. by 1in.

Produced for largely American consumption, much of the spelling is not English and some of the trade named drugs are not immediately familiar. These, however, are minor irritations and by and large the book can be wholeheartedly recommended.

M.M.

A SHORT TEXTBOOK OF ORTHOPAEDICS AND TRAUMATOLOGY

J. N. Aston. First Edition. English University Press. 27s. 6d.

This is the latest of the green and white Short Textbook series. In it the author seeks to cover the whole of orthopaedics and traumatology in less than three hundred pages. For this reason, if for no other it should prove immensely popular with students.

In fact the text is clear and well laid out and there are plenty of excellent diagrams. The content is probably more than adequate for examination purposes although obviously it does not contain enough information for reference use.

Unfortunately the overall impression is marred by an extraordinary number of typographical errors. For instance, those whose knowledge of anatomy has grown a little rusty may be perplexed by references to the "trapegius" and "rastus medialis" muscles. Those seeking an introduction to the subject may be confused by the assurances that "analysis" is the most effective treatment for the pain of osteoarthritis, and that "panic" may be the presenting symptom of multiple myelomatosis. However, these minor blemishes with surely be ironed out on the second edition.

R. H. Greenwood

"A POCKET OBSTETRICS"

by S. G. Clayton, J. & A. Churchill Ltd., (6th ed.), *Price* 16s.

Professor Stanley Clayton describes this little book in his preface as "an attempt to present the essential facts of obstetrics with strict economy of words rather than omission of facts."

He has succeeded eminently in his attempt, and the book indeed contains the relevant clinical facts of obstetrics presented in a condensed yet very readable manner.

The subject matter is correctly orientated with the stress on facts of clinical import, and is well up to date in that important recent major advances in clinical obstetrics are included, albeit briefly, in the text.

The book is difficult to fault on the basis of exclusion of necessary material: the author does not claim such a small volume to be exhaustive. A larger work should be read for a fuller treatment of such topics as obstetric physiology and the management of medical complications of pregnancy, and as a guide to further reading—though the basic framework for the consideration of every important aspect of obstetrics is well presented in this small book.

Minor criticisms to be made are few—perhaps the most important is that of emphasis placed upon the wage of axis traction in the description of forceps delivery.

Special commendation should be given to the brief yet beautifully clear and reasoned chapter on the vital statistics of obstetrics which concludes the book.

"A Pocket Obstetrics,,' though retaining the title of Sir Arthur Bell's book, has been completely rewritten by Professor Clayton, and constitutes a worthy companion to his well-established "A Pocket Gynaecology."

It is highly recommended for reading at the outset of the obstetric appointment and for final revision of the subject.

Richard L. M. Newell

SPORT

The weather has been characteristically unkind to most of our outdoor pursuits, but despite delayed starts and postponed or cancelled matches Guy's representatives have again been acquitting themselves honourably. The Tennis team proved expert punters, the Athletes have demonstrated their skill at sunbathing in Jersey (about which more in our next issue) and the Cricketers are well up to capacity both in runs — especially the second eleven — and in beer.

Talking of beer — the Club's Union interior decoration Committee have now finished their deliberations and the work on the new H.O.P. bar is about to commence. By all accounts it should provide both an attractive setting for post-exercise festivals and an easier life for those working behind the bar. The work should be finished in time for the opening of the next Rugby Season. . . plus Hockey and Football — of course.

CRICKET

GUY'S v. REIGATE PILGRIMS

Sunday, May 19th, Away.
Guy's won by 56 runs.
Guy's: 117 all out (Silk 34, Pearson 37, Beacham 4, Jones 6—59).
Reigate Pilgrims: 61 all out (Crafts 5—28).

The start of the game was delayed because the pitch was too wet. When, at 1.45, play started, Guy's won the toss and elected to bat. It was not until the arrival of Silk at the wicket that Guy's batting looked at all impressive.

There was a collapse of the middle order batting and we had to rely on the "tail" wagging. Luckily, Pearson batted in his normal forcing style, hitting three 6s in his 37.

The Reigate batting was very weak and Crafts very quickly ran through them.

GUY'S v. DRAGONFLIES

Saturday, May 25th, at H.O.P.
Guy's won by 7 wickets.
Dragonflies: 152—7 dec. (Myatt 66).
Guy's: 153—3 (Gillham 57; Chase 49 not out).

Bad weather once again delayed the start of the game until 1.30.

The Dragonflies won the toss and elected to bat. Beacham bowled 25 overs, mainly from his short run, and was responsible for preventing the Dragonflies scoring more than their 152—7.

For Guy's, Gillham batted superbly as did Chase, who was robbed of a 50 by Appleby who, with Chase on 49, scored a four and a six to win the game.

Could we put out a request to anyone travelling on British Railways Southern Region. If you see a brown carrier bag containing grass-stained cricket flannels, please return them to G. Hey—he left them on the train on his way to this game.

GUY'S v. ELTHAM STROLLERS

Match drawn.
Eltham Strollers: 155 all out (Clarke 5—28).
Guy's: 151—9 (Silk 45, Appleby 35, Bowden 22).

The Strollers won the toss and elected to bat and were 80—4 at lunch. After lunch they lost wickets more quickly and were finally all out for 155.

Guy's, after losing an early wicket against the best opening attack so far this season, soon settled in, thanks to Silk and Appleby. The batting then failed and left it to the tail which once again did its job admirably—O'Keefe and Bowden especially. The last overs of the game were very exciting, with Guy's needing 4 runs and the Strollers 1 wicket to win.

GUY'S v. INCOGNITI

Tuesday, May 28th, at H.O.P.
Guy's won by 3 wickets.
Incogniti: 183 for 6 dec.
Guy's: 184—7 (Hey 67, Silk 21, Clark 28, Appleby 25*).

Guy's won the toss and put the Incogs in to bat. Fordham and Barford bowled well for the first hour without luck. The most significant thing about the Incogs' innings being that Guy's dropped 16 catches whilst the ground fielding maintained its usual high standard. The Incogs declared, having scored at less than a run a minute.

Guy's, in the hour before tea, lost one wicket for 30 runs, and appeared to be well behind the clock. After tea, however, due to the batting of Hey and to a lesser extent of Silk, Clark and Appleby, the run rate went up. With one hour to go, Guy's needed 120 runs to win. This was achieved in the last over of the game, when we needed six—an easy task for Appleby.

U.H. JUNIOR CUP. SEMI-FINAL
GUY'S II v. ST. MARY'S II

Monday, May 27th.
Result: Guy's 236—6 (40 overs); St. Mary's 65 all out

This game came up to the usual brilliant standard of the Guy's II XI. and is further evidence of the exciting and versatile play which people expect from this team and which will undoubtedly ensure their winning the cup.

Guy's opened on a true wicket, Samji and Neville both batting well to score 37 runs for the first wicket partnership, with a slow out-field. Then A. Duck came and went and Swift took the field to amass 97 hard-hit runs in characteristically fluent style, only to be caught on the boundary attempting a six. Surely a fitting end to a glorious innings. Elliot made a quick 39 runs, but was caught attempting to play a number nine iron chip shot over mid-on's head. Hey batted in true stalwart fashion, flicking 43 runs elegantly from his wrists. Guy's missed equalling their record of 252 runs in 40 overs by only 16 runs.

St. Mary's batsmen collapsed in the face of fast, accurate bowling by Elliott, Novak and Fordham, and slow, subtle, spin by O'Keefe, Kendrick, Swift and A. Duck. Fordham took 6 for 18 in 11 overs.

M.G.F.

ASSOCIATION FOOTBALL

REVIEW OF 1967/68 SEASON

After an extraordinary run of successes lasting several years, it was inevitable that the bubble should burst sooner or later. Unfortunately for the determined captain, David Lindridge, the 67/68 season proved to be the point.

Finishing bottom of the Premier Division of the University League and 10th in the U.H. League, Guy's have had a "poor" season. In retrospect, our entry into the University Premier division was a little ambitious, and the team's poor showing in these games went a long way towards explaining the rest of the season's results. At first, the Hospital sustained heavy defeats from the College sides and although the results at the end of the season showed the team was beginning to adapt itself to this type of football, by then the damage was done. Bad results produced a lack of confidence in the team generally, and Guy's succumbed to several very poor Hospital sides.

Fortunately in the two Cup Competitions, Guy's fared much more favourably. Reaching the quarter-finals of the University Cup for the first time for many years, we were desperately unlucky to lose by a single goal to the London Hospital side who themselves admitted on the day that they were the worse side. However revenge was gained when the defeat of the London in the Hospitals Cup semi-final put Guy's into the Final for the fourth time in five seasons. Again, however "Lady Luck" deserted us and St. Thomas, scored in the final minute of extra time to snatch the Cup from us.

Despite the disappointing team performances, several individuals stood out. Pride of place must go to Ian McClure, who worked ceaselessly throughout the season without due reward for his efforts. Players who distinguished themselves included the versatile Lindridge, bustling Bob Davey, and the insuppressable Wood.

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The season was nicely rounded off with a highly successful tour to Maostricht, Holland in mid-May — a report of which will follow, later.

Special mention must be made regarding the enforced retirement from regular soccer of Elwyn Elias. For the past seven seasons, Elwyn has put a great deal into the club, for which we are extremely grateful. A past captain of Guy's, he represented United Hospitals on many occasions and his occasional appearances for Corinthian Casuals and the A.F.A. XI gave him a fund of experience which he used to maximum effect.

Looking ahead to next season the first essential is for the team to regain confidence in themselves. Although, perhaps, lacking certain individual skills there is no reason why, by playing simple basic football, with a good work-rate, from each player, Guy's Hospital should not feature in the Honours again next season.

The 2nd XI have had a fair season, the most encouraging factor being their enthusiasm. Under the paternal eye of Mike Watson, and some inspiring leadership from Taylor and Forber, the team prospered. The side's limiting factor was their lack of experience but their prospects for next season are promising.

R. LOVELL

The Soccer Club would like to congratulate David Lindridge and Ian McClure on their elections as Captain and Secretary respectively of United Hospitals A.F.C. for next season. We wish them well in their new positions.

TENNIS

Inclement weather resulted in the cancellation of the match against Fitzwilliam and the postponement of the Shooters Hill match which was replayed on 4th May. The Guy's team, somewhat embryonic in structure, struggled well with a Shooters Hill selection which contained three members of their first six. The Guy's team contained three newcomers, Nick Cavanagh, John Barton and Mike Cockburn. Rain stopped play at the end of the first round when the score stood at Guy's 1 Shooters Hill 2, but all three matches went to three sets.

RESULT: Guy's 1, Shooters Hill 2.

The following day the team travelled to Oxford on the invitation of previous Guy's tennis captain, Alastair Black. By arrangement the strength of the opposition was somewhat attenuated! Play followed a delightful alcoholic sandwich lunch at the Trout Inn and youth prevailed in the final match of the day giving Guy's a victory of 5-4. Formalities were concluded in oriental fashion in one of Oxford's numerous Indian restaurants.

RESULT: Guy's 5, A. Black's Team 4.

The league matches against Middlesex, The London, and Bart's were postponed due to bad weather. During this match-free period a game was arranged between Guy's 1st and 2nd teams, which indicated that the overall standard of the top twelve players in the hospital was good and boded well for future seasons.

On Saturday May 22nd a team of six, J. Quant, J. Barton, N. Cavanagh, M. Cockburn, M. Ede and S. Cripps, made their way to Cambridge in an assorted array of personal transport, under a clear blue sky. The team was met and entertained to lunch in hall at Queen's College, a pleasure and privilege in every way except, perhaps, gastronomically! By the time the courts were reached the heavens opened and the afternoon was spent watching the ducks grazing on the courts. The team was joined in the evening by the captain, Richard Machell, when grazing continued at the Turk's Head.

Sunday dawned fine and the captain of St. John's College met the team and took them punting. The 'Backs' were explored without loss of anyone overboard! The socialising ceased after lunch and Machell and Cavanagh had a good afternoon, combining well as a pair and winning their three matches in a convincing manner. Cripps and Barton playing second pair halved their matches against the first and third pairs and beat their opposite numbers. Ede and Cockburn had a good win against the John's second pair but were beaten by both the first pair and their opposite numbers. After the match the team was entertained in the new 'Sutherland' extension of the college.

RESULT : Guy's 5, St. John's 4.

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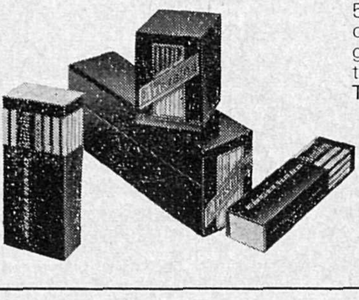

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SAILING CLUB

GUY'S v. MIDDLESEX

Wednesday, 29th May, at the Welsh Harp.
1st Round of Guinness Cup, 1968 (inter-hospital knockout team championship).
Guy's won, 15½ points to 26 points.

Three boat team: Helmsman, G. Barker (Capt.); M. Bye, G. Hall.

Rather an easy victory in near perfect conditions.

G. L. BARKER,
(Hon. Secretary, Sailing Club).

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st August 1968. The Unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal Hospital and the Maudsley Hospital. Applications giving details of experience and the names of two referees, should be made by **15th June 1968** to L. H. W. Paine, House Governor, Maudsley Hospital, Denmark Hill, London, S.E.5.

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Registrar in Diagnostic Radiology,** with duties to commence as soon as possible and appointment until 30th September 1969. Preference will be given to applicants holding the D.M.R.D. but this is not essential. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, not later than **10th June 1968.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer** (full-time) in the oral surgery and Casualty department. Salary in the scale £1,745 x £135 to £2,150 x £125 to £2,650 x £115 to £2,765 x £55 to £2,820, with superannuation. Duties to commence as soon as possible. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1., not later than **Monday, 1st July 1968.**

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY FINAL EXAMINATION
MAY 1968

Miss Beard, R. F.
Miss Bishop, F. A.
Miss Braybrooke, J.
Miss Cohen, S.
Miss Cotton, E.
Miss Goodman, A.—Credit
Miss Hill, J. R.
Miss Hinds-Howell, M.
Miss Marshall, W. J.
Miss Stephenson, M. I.

PERSONAL

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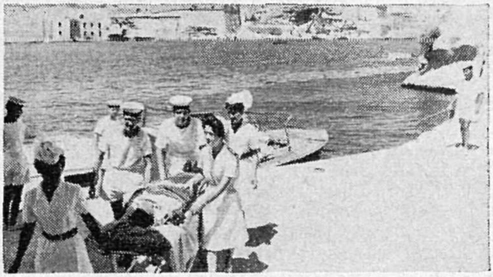

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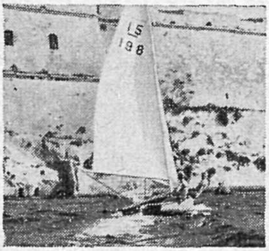

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If you are a qualified S.R.N. with at least one year's post graduate experience, write for further details to:

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Dept. 26MZ4, Empress Building,
London, S.W.6.

Q.A.R.N.N.S

Dr. J. Lambourn, Greylands, Furzehill Road, Ilfracombe, North Devon.

Dr. David Parrott, 28, The Millbank, Ifield, Crawley, Sussex. Tel: Crawley 21462.

Dr. and Mrs. R. W. Salmon, Copper Glade, Beamond End Lane, Beamond End, Near Amersham, Bucks. Tel: Holmer Green 3303

Dr. and Mrs. John Searle, Royal Sussex County Hospital, Eastern Road, Brighton, 7.

BIRTHS

MURRAY—On May 27th, at Brighton General Hospital to Vyvyan (née Needham) and Dr. Brian R. P. Murray a son, Alastair Hugh, brother for Stuart and Douglas.

SUNAWAY—On 3rd May 1968, to Jill (née Canham) Wife of Keith Sunaway of 58, Warrington Road, Ipswich, Suffolk, a daughter, Emma, a sister for Nicola, Andrew and Sara.

DEATHS

EADY—Barrington, L.D.S., R.C.S. (Eng.), of "Maribar", East End Way, Pinner, Middlesex, on January, 19th 1968.

WERNER—On 30th April, 1968, Theodor Alfons Werner, M.D. Prague, M.R.C.S., L.R.C.P. aged 69.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2085

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Matron's Resignation

It is with regret that we inform our readers of the resignation of Miss Anne Johnson, Matron at Guy's Hospital. Miss Johnson has served the Hospital well during the years of her appointment and introduced a number of changes which greatly improved the conditions and standard of nursing from which both patients and nurses have undoubtedly benefited.

A great deal has been written in the national dailies of which much is based on both rumour and speculation. This can only be deplored since the attitude of all concerned in the Hospital is to have a medical centre devoted to the best care and attention of its patients as well as the most conducive working conditions for both nurses and doctors.

We wish Miss Johnson every success in the future.

Birth Pangs

Temporary fences shield the dynamic growth of Guy's newest embryo, but convenient gaps provide an excellent eyeview and many a fledgeling doc. watching the development may envy the engineer his ability to see what's going on at a glance. It is interesting to note these white-coated figures drawn to stare in the same awed fashion as a builder somehow in on an operation might gawp down into the theatre. The babe has been provisionally named. With an eventual promise of height, if not megalomania, the temporary appellation, "The Tower Block", has been given.

Regular infusions of concrete and steel assure tall, straight limbs, and continual removal of sand indicates a capacious belly. The paternal hand reaches fondly into its pocket and promises only the best. The villous-like foundation piles are first prepared by gyrating "cork-screws" which bore into Thames Valley pre-history. Amateur archaeologists stand by horrified at this maternal voracity, convinced that more sensitive handling might have revealed fascinating stories of Londinium habitation. But growth is relentless, and at birth the giant baby will open its jaws and swallow its earlier spectators in a Bosch-like orgy of foundation stones, speeches and champagne.

Casual passers-by are unaware that the germinal period of this baby has been close on thirty years. Drifting past with flowers and food for loved ones horizontally encased in surrounding buildings, their view of concrete mixers and mechanical shovels is not as stirring as to those who dreamed and planned and who finally see the result.

The Tower Block will add a powerful new dimension to the Southwark landscape. Dominated emotionally by Guy's, possessive of its boundless ability to absorb and treat the sick, the locals will take the Tower Block to their heart as a symbol of technological progress and increased skill and knowledge. Treatment of illness will become less traumatic in this shining extrovert edifice.

And one day, surely, the babies of the nineteenth century, those little gnarled old men with dark corridors and rusty pipes will all pass on to make way for an army of stalwart children—constructions of glass and plastic and steel. Guy's will turn a new face to the public. Feature by feature the old terrain will have been looted and rebuilt. Someone with a sense of history will salvage a name-plate or an old brass. And of course there will always be the guide-books with their introductory chapter on what had gone before.

The New Nurses' Uniform

We have heard all the arguments and read most of the reports. We know that it is going to be more crease-resistant, longer lasting and—ecstasy in Whitehall—much cheaper. So?

For those of you who have not yet met this new garment (to be introduced to Guy's in the near future), a few words by way of description. The main garment is a shift-type dress with no waist to speak of, and very little shape to look at. It is made of 67 : 33 polyester/cotton blend which has "strength (tensile and tear), abrasion resistance, dimensional stability, etc. etc." The arguments in support of the garment have been neatly reduced to a simple problem of ergonomics and economy that a two-year-old could appreciate. Progress will, inevitably, have its day and the starch and stripes will pass away. Perhaps there should be a new section of the Gordon Museum where nostalgic nurses and reminiscing doctors will be able to gaze at the "bad old uniform" in a glass case marked with a yellow star.

Medical Association For Prevention of War

We have been sent details of the Conference of this Association, which is to take place at St. Hugh's College, Oxford, from Friday, 12th

July to Sunday, 14th July, and we shall be glad to pass them on to anyone interested in attending. The theme of this year's conference is "Current Conflicts" and among subjects to be discussed are: Unrest in Africa, Race Riots, Vietnam, The Arab-Israeli Conflict and the Greek Situation. Accommodation can be arranged and the closing date for applications is July 1st.

Congratulations

We offer our heartiest congratulations and best wishes to Miss Margaret Laws, Sister-in-Charge, Main Theatres, and Dr. Helliwell, Hospital Superintendent, on their recently announced engagement.

Subscriptions

Would all those subscribers to the *Gazette* who pay by annual Banker's Order please ensure that they have only one standing order extant (for £2 2s. 0d.) and check that all previous standing orders for sums of 12s. 6d. or £1 0s. 0d. have been cancelled.

Also, it would be of the utmost assistance to our Manageress if all those subscribers who pay annually by cheque, postal order or cash, would respond as quickly as possible to the reminder notices sent to them.

GUY'S DIARY

GUY'S MEN

At the Presidential Dinner of the New Plastic Section of the Royal Society of Medicine, Mr. Patrick Clarkson made mention of past meetings, one of which—The Burnt Child—heard papers from Dr. Stewart Cameron (Physician in Renal Medicine) and Dr. Vaughan (Physician in Child Psychiatry). Future papers to be presented include one on the anatomy and nerve supply of the breast, from Professor Warwick (Anatomy Department).

JUNE

25	T.	1.00	Clinical Lecture. Dr. STIMMLER. "Pituitary Deficiency in Childhood."
27	Th.	1.00	Clinical Lecture. Dr. POTTS. "Blood Gas Measurement."
28	F.	1.00	Clinical Lecture. Department of Medicine.

JULY

1	M.	1.00	Clinical Lecture. Dr. SAXTON. "X-rays in the Diagnosis of Acute Chest Pain."
2	T.	1.00	Clinical Lecture. Dr. WAYTE.
4	Th.	1.00	Clinical Lecture. Mr. GLOVER.
8	M.	1.00	Clinical Lecture. Dr. R. H. STERN, University of California, "Laser: Current Dental Research", in the Dental Theatre.

THE NEW DENTAL CURRICULUM AT GUY'S

by

R. D. Emslie

When in 1889 the Dental School at Guy's opened, the pattern of dental education was very different from that of today. Before entry all students were required to have served an apprenticeship of at least three years with a practising dental surgeon, learning the trade of dental mechanics, and, incidentally acquiring a varied dental background. The course was mainly vocational in clinical dentistry, although more time was spent on the basic sciences and general medicine and surgery than was common in most of the North American dental schools of that period.

In many instances the training received by the apprentices was found to be insufficient and in 1909 students for "preliminary" training in dental mechanics were admitted to Guy's for the first time. This course of twenty-four months or 2,000 hours of dental mechanics became immediately the longest appointment of the whole undergraduate course in the dental school, although some students were still exempted from half of this period by virtue of previous apprenticeship to a dental surgeon. This exemption for apprenticeship lapsed during the Second World War, but the long requirement for training in dental mechanics continued for many years. By the end of the war very few dentists did their own mechanics, but it was not until 1956 that the General Dental Council recommended that the requirement for dental mechanics should be reduced to 800 hours. At Guy's this was undertaken as a block appointment which occupied the academic year following the anatomy and physiology examinations. To many, this year of mechanics seemed an unfortunate break in the continuity of the student's biological education.

Better Integration

A demand has also been growing in dental schools throughout the world for better integration of the teaching in the clinical dental subjects with the basic sciences, and with general medicine and surgery. In the London Schools anatomy, physiology, and biochemistry are separated from the clinical period by the 2nd B.D.S.

Professor Emslie is Dean of Dental Studies at Guy's Hospital Dental School.

examination, which hinders any integration. At Guy's for many years there has been an attempt to emphasise the clinical aspects of these subjects throughout the pre-clinical course. It is the period immediately after the 2nd B.D.S. which has been radically changed in the new curriculum introduced in September 1967. This has been planned to provide an integrated course but still retain the system of "block" or "firm" appointments traditional to Guy's.

The basic techniques of Dentistry

After passing the 2nd B.D.S. examination the student attends a four months' basic technique course on the practical procedures of prosthetic and restorative dentistry with lectures on the properties of dental materials. During this period an introductory course of lectures in pharmacology is given which develops physiological principles taught in the previous year.

When he has demonstrated an adequate degree of manual dexterity and understanding of basic techniques the student proceeds to the pre-clinical course in operative dental surgery (the "Phantom Head" course) of three months' duration. During this important period conservation techniques are taught by demonstrations to small groups of students and by practice on manikins. The scaling and polishing of teeth and the principles of prevention of dental caries and periodontal disease are also covered. Lectures in dental radiology and demonstrations in extraction techniques complete the dental subjects in this quarter.

In addition, during the phantom head period an integrated course of lectures is commenced in pathology, bacteriology, surgery and medicine. The aim of this course is to present the various aspects of different disease processes in logical order and necessitates a rigid timetable of lectures by the departments concerned. The rationale of this approach and an outline of the course has been published by Lehner (1967).

The 80 lectures and approximately 35 practicals, together with some introductory lectures in oral pathology and surgical demonstrations are completed during the Phantom Head course and the following three months.

Prosthetics and Conservation

As far as the practical work is concerned the major change from the old system is during the year following the pre-clinical course in operative surgery. Each week during this year the student spends two and a half days as a dresser in the Department of Dental Prosthetics and the rest of the week treating patients in the Conservation Department. Lectures during this period, in addition to the integrated course already mentioned include pharmacology and therapeutics, anaesthetics, and operative dental surgery; also during this period students attend medical ward rounds and surgical out-patients. The appointments of Observer, then Dresser in the Local Anaesthetic extraction rooms and Clerk to the Anaesthetist are also completed during this year.

New Exams.

Part I of the 3rd B.D.S. Examination (Pathology and Bacteriology) is taken after three months, and Part II (Medicine, Surgery, Pharmacology and Therapeutics) after nine months from the start of clinical work. This has been made possible by a change in the University Regulations whereby the old Part II of the 3rd B.D.S. has been split into two parts (now called I and II) to be sat not less than 12 months (instead of 17 months) after the 2nd B.D.S. Examination. It should be pointed out that in the past few years dental schools have been encouraged to "experiment" with changes in curriculum by a liberalisation of the requirements and time schedules specified by the University of London and recommended by the General Dental Council. This latitude has allowed the five London schools to follow a different timing and in some cases a different order for sitting the four parts of the 3rd B.D.S. examination.

At Guy's, Part III of the 3rd B.D.S. (Prosthetic Dentistry, including Properties of Dental Materials) is now taken 24 months after 2nd B.D.S., the three months immediately prior to the examination being spent as a full-time Dresser in the Prosthetics Department.

The following year is occupied by four "rotating" appointments of three months each, in special departments. These are : Children's Dentistry and Orthodontics, Preventive Dentistry and Periodontology, Advanced Operative Technique, and Casualty and Minor Oral Surgery. Lectures in this year include clinical oral pathology, morbid dental histology (with practicals), surgical anatomy, oral surgery, orthodontics and a second series on dental radiology.

About six months then remain before taking the last part of the final examination and in this period it is hoped that undergraduates can reinforce their general experience by performing the whole of the dental treatment required by their patients. This is also the period when students may apply for Assistant Dental House Surgeon appointments. Lectures on the law and ethics as they apply to dental practice and revision lectures on dental surgery and orthodontics should complete the preparation for the final qualifying examination.

Problems and Criticisms

A criticism that this curriculum is departmentalised with the student spending too long on a single discipline can be met if the staff are sufficiently well "integrated" with the concept of whole-mouth dentistry. When seen in a special department, the patient must not be considered merely as a case requiring specialised treatment. A comprehensive treatment plan must be formulated in the light of the patient's overall needs before one facet is studied in depth. From the student's viewpoint it is certainly easier to learn a subject by a concentrated period of study, and with a broad approach this can provide a good system of dental education.

Small group teaching will remain the basis for clinical subjects but the evidence is that there is still an important place for the didactic lecture. To minimise interference with clinical work and ensure an alert audience the best time for such lectures is probably early in the morning. The seminar, with active participation by a small group of students and staff is an excellent method of education provided that adequate reading and private study on the subject has been undertaken by all present. Failing this the so-called seminar becomes merely an ill-prepared lecture by a member of the staff.

This curriculum has been planned with an eye to the improved facilities we can expect in the new dental school. It was decided that the change must be made now to ensure that the new curriculum is fully in operation, and running smoothly, when the great upheaval of moving is contributing its special problems.

Undoubtedly other unforeseen problems will arise in the immediate future resulting from the "sandwiching" of courses to allow conservative dentistry to be started nearly a year earlier than before, with over-crowding, perhaps a temporary shortage of patients, and staffing inadequacies. The "doubling-up" on lectures to prepare for the earlier examination dates for Part I and II of 3rd B.D.S. may also seem onerous at a time when much new knowledge has to be acquired.

Emphasis on Medicine

It is also clear that the medical subjects in the curriculum are assuming a greater importance than in the past. The apparently healthy dental out-patient of today may be a special risk because he is taking, or has recently been taking steroid hormones, or is on insulin, anticoagulants, hypnotics, sedatives or monoamine oxidase inhibitors. He may be hypersensitive to antibiotics such as penicillin, and the control of the bacteraemia inevitable with oral surgical procedures may present a vital problem when heart valves are defective. General anaesthesia has also become a more complex, even controversial issue with intravenous techniques being increasingly used in dental practice.

Only by regular and thorough reappraisal of the curriculum can one ensure that a complete and comprehensive dental education is being provided for the undergraduate. When qualified he should be equipped to take full advantage of the help from the various technical and ancillary workers in dentistry. Some graduates we hope will be attracted to teaching and research, or to hospital practice. All should be imbued with a desire to continue their education by way of postgraduate courses, the dental literature and communication amongst themselves.

References: Lehner, T. (1967), *Brit. Dent. J.*, **123**, 210.

CHEMICAL PATHOLOGY AT GUY'S

by

Sydney Cohen

I. Lipid Metabolism

The study of lipid biochemistry, particularly in the nervous system and in relation to the demyelinating diseases, has been an interest of Dr. G. R. Webster and Dr. R. W. R. Baker in the Department for a number of years. It has been known for a long time that demyelination such as occurs, for example, in the brain and spinal cord in multiple sclerosis, is associated with a loss of various types of complex lipid from the affected tissue, but until comparatively recently little was known about enzyme mechanisms which may be involved in this process. The presence in normal brain of enzymes capable of hydrolysing and reforming ester bonds in phospholipids was demonstrated in earlier work and present studies by Miss Mary Cooper are concerned with the separation and detailed characterization of this group of enzymes. Attempts are being made to assess their importance in the maintenance of normal tissue structures and their possible role in degenerative processes in nervous tissue.

Much of this work centres round the metabolism of lysophosphatides. These compounds may have an important metabolic function as intermediates in the formation of lipids in tissues and they are also strongly surface active substances capable of lysing tissue cells *in vitro*. Lysophosphatides are normally present in tissues in only trace amounts, but one such lipid — lysolecithin — forms a significant proportion of the phospholipids in plasma. The origin of plasma lysolecithin has been studied in the Department by Dr. A. K. El Din of Cairo University who found that the major part is secreted into the plasma by the tissues, principally the liver, although enzymes are also present in the high-density lipoprotein fraction of plasma which can form lysolecithin intravascularly.

Other investigations carried out on the plasma lipids in multiple sclerosis showed that there is a reduction in the level of linoleic acid in this condition, which is most marked in cases in relapse.

II. Muscle Diseases

Diseases of muscle are being investigated in their clinical, biochemical and morphological aspects by Dr. B. McArdle. One of the

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Professor Cohen is Head of the Department of Chemical Pathology at Guy's.

main clinical interests has been in the glycogen storage diseases of muscle. In collaboration with Dr. R. Gruener of the Department of Physiology, University College, it has been found that in muscle phosphorylase deficiency the stiffness and the physiological contracture occurring on exercise are due to a disturbance in excitation-contraction coupling, probably arising from a failure of the sarcoplasmic reticulum to reaccumulate calcium. The biochemistry and electron microscopic appearance of muscle have been investigated in this condition as well as in the various types of periodic paralysis in collaboration with Dr. R. Weller, and Dr. B. Ryman of the Royal Free Hospital School of Medicine.

The adequacy of the regenerative response in dystrophic muscle — often said to be at fault — is being assessed by estimating levels of RNA and DNA in different muscle diseases. To assist interpretation of these data a parallel study is being made of muscle growth and regeneration in rats.

The biochemical mechanism responsible for the experimental myopathy induced in rats by the injection of plasmocid has been examined by Dr. P. Monro particularly in regard to the sulphydril content of muscle. This has been found to fall at a very early stage, even before pathological lesions become manifest.

III. Chemical Structure of Antibodies

Circulating antibodies have been recognised only among vertebrates and in all species are associated with the γ–globulin fraction of serum. The properties of antibodies indicates that they must have structural features unique among protein molecules. Certain properties shared by all antibodies indicate a common basic structure; other properties, however, differ between molecules and allow antibodies to be divided into about 10 distinct classes and types (collectively called immunoglobulins). In addition, antibodies of narrowly defined specificity can be produced to an astonishing variety of antigenic substances so that each individual can apparently synthesise at least 10^5 distinct antibody molecules. Immunochemical studies must therefore seek to

TABLE 1.

Properties of Human Immunoglobulins (Ig).

	IgG	IgA	IgM	IgD	IgE
Serum conc. mg/100 ml	800-1700	140-420	30-190	0.3-40	
Antibody activity	+	+	+		+
Complement fixation	+	0	+		
Placental passage	+	0	0	0	0
Seromucous secretion	0	+	0		
Tissue sensitisation	0	0	0		+
Molecular wt.	150,000	180,000	900,000	150,000	190,000
Carbohydrate %	2.9	7.5	11.8		11.0
Light chains	κ,λ	κ,λ	κ,λ	κ,λ	κ,λ
Heavy chains	γ	α	μ	d	e

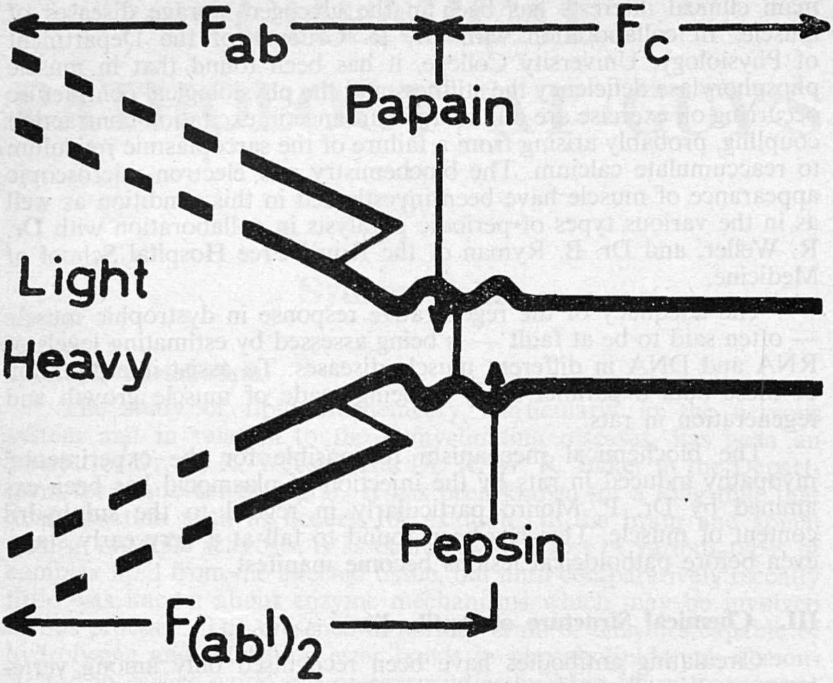


FIGURE 1.

Diagrammatic representation of the four chain structure of anti-body molecules. The broken lines show stretches in which structural heterogeneity (presumably related to combining specificity) occurs. The undulating portion of the heavy chain represents the area susceptible to proteolytic enzymes which give rise to the fragments indicated.

explain how a common basic protein structure is modified to produce a limited number of antibody classes and an almost infinite number of combining specificities.

Work carried out mainly at the Rockefeller Institute and at St. Mary's Hospital during the past 5 years, has established that all immunoglobulin molecules have a common basic 4-chain structure made up of 2 heavy (molecular weight 50,000) and 2 light (molecular weight 20,000) polypeptide chains (Fig. 1). Classes and types of antibody molecules which differ in chemical and biological properties (Table 1) all possess this common 4-chain structure which is polymerised in the case of higher molecular weight antibodies. Light chains are of 2 types called κ– and λ– and both occur in all classes. Differences between classes must therefore be confined to heavy chains (Table 1). In this connection studies are being carried out in the Department by Mr. Graham Leslie in an attempt to establish the structural differences between heavy chains responsible for the strikingly different biological properties of guinea-pig γ1– and γ2– antibodies.

The specificity of an antibody molecule is independent of its class and type and is determined by the 3 dimensional configuration of its "combining sites". There are 2 sites on each 4-chain molecule; each is equivalent in extent to about 15 amino acids, is situated on the Fab fragment of the molecule and is probably made up jointly by portions of heavy and light chains (Fig. 1). All attempts to relate combining specificity to the detailed structure of antibody chains have been frustrated by the chemical heterogeneity of such chains. However, the detailed structure of the homogeneous immunoglobulins produced by patients with various lymphoproliferative diseases, notably myelomatosis, has been studied in several laboratories. This work has revealed the most interesting fact that all myeloma proteins of a given class and type have identical amino acid sequences in the C-terminal halves of both heavy and light chains. However, there are considerable individual differences in the N-terminal sections of these chains and no two have proved to be alike (Fig. 1). This remarkable variation is confined to the part of the molecule which carries the combining sites and is therefore almost certainly the feature which determines individual antibody specificity.

It follows from this that the precise chemical basis of combining specificity could perhaps be established if homogeneous (myeloma-like) immunoglobulins with defined antibody activity were available for chemical analysis. Unfortunately, myeloma proteins with closely defined antibody specificity are unknown. The antibodies which occur in individuals with chronic cold agglutinin disease and which combine specifically with the I antigen of the human red cell are, however, almost as homogeneous as myeloma proteins. The chemical structure of several cold agglutinins is therefore being studied in the hope of gaining further insight into the structural basis of antibody combining specificity.

IV. Immunoglobin in Myelomatosis

Patients with multiple myelomatosis tend to be unusually susceptible to infection. This can probably be attributed to the fact that the appearance of the myeloma protein is associated with a progressive fall in normal immunoglobulin levels. Dr. Marek Cwynarski, lecturer in the Department, has shown that the level of non-myeloma immunoglobulin is severely depleted in about 50 per cent of multiple myelomatosis patients. It seems likely that this results from a progressive replacement of peripheral lymphoid cells (producing normal immunoglobulins) by myeloma cells (producing myeloma protein). In order to investigate this possibility, circulating lymphocytes from myeloma patients are being maintained *in vitro* and immunochemical tests are being used to find out whether the immunoglobulins synthesised by these cells are normal or correspond to the patient's myeloma protein.

V. Immunity to Malaria

Since the beginning of the century evidence has been sought for the presence of protective antibodies in the blood of patients recovering from malaria. Several attempts to transfer malarial immunity passively with convalescent serum gave indefinite results and histological studies focussed attention on the role of phagocytic cells in the destruction of malarial parasites. However, studies carried out in collaboration with the Medical Research Council's unit in Gambia have shown that severe attacks of malaria in young children are rapidly cured by the injection of γ-globulin prepared from adult Gambian subjects. This shows that acquired immunity to human malaria is fundamentally dependent upon circulating antibodies. Since these belong to the IgG class, they would traverse the placenta of the immune mother during pregnancy and this explains why infants born in hyperendemic areas are immune to malaria in the first few months of life.

Demonstration of the role of antibodies indicates that it may be possible to develop an anti-malarial vaccine. Efforts to produce such a vaccine are encouraged by the finding that parasites in East and West Africa have similar serological properties. However, effective vaccination is complicated by the antigenic complexity of the parasite; much antibody is produced in malaria but only a small fraction of this has a protective action. Mr. Geoffrey Butcher and Dr. Richard Crandall of Florida University who is spending a year in the Department, are attempting an antigenic analysis of the monkey malaria parasite *P. knowlesi,* in an attempt to isolate fractions giving strong protective immunity. If an effective vaccine became available, malaria in young African children could become the relative benign disease observed among adults who have survived the fearful toll of repeated childhood infections.

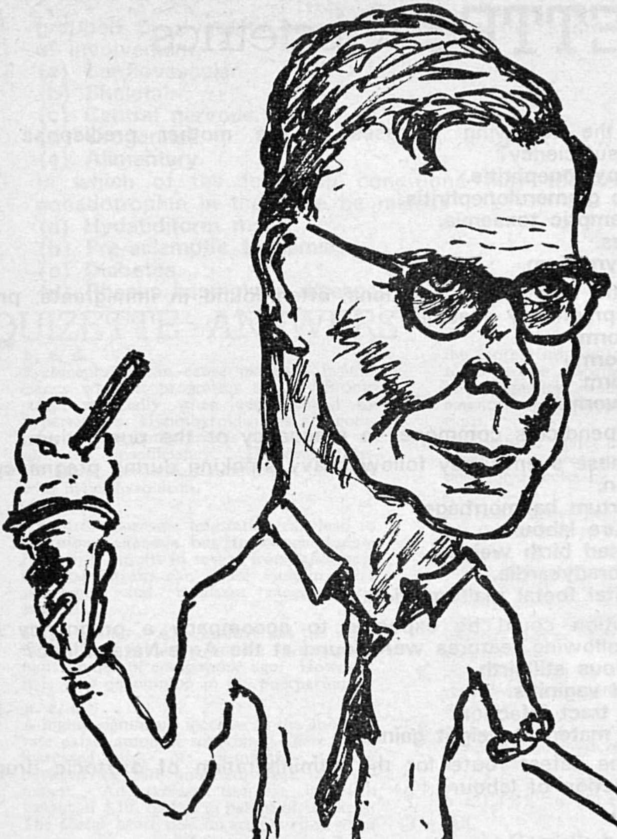
References:

Cohen, S. & Milstein, C. (1967), "Structure and Biological Properties of Immunoglobulins". Adv. Immunol. 7: 1.

Cohen, S. & McGregor, I. A. (1963), " Gamma Globulin and Acquired Immunity to Malaria". In *Immunity to Protozoa,* ed. P. C. C. Garnham, Blackwell Scientific Publications, Oxford.

McArdle, B. (1964), "Metabolic and Endocrine Myopathies". In *Disorders of Voluntary Muscle,* ed. J. N. Walton, Churchill (new edition in press).

Webster, G. R. (1961), "Some Aspects of Lipid Metabolism in Nervous Tissue". In International Review of Neurobiology, 3: 293.



Phillip Evans

QUIZETTE: Obstetrics

1. Which of the following diseases in the mother predispose to placental insufficiency?
   - **(a) Acute pyelonephritis.**
   - **(b) Chronic glomerulonephritis.**
   - **(c) Pre-eclamptic toxaemia.**
   - **(d) Diabetes.**
   - **(e) Hypothyroidism.**
2. Which of the following infestations, often found in immigrants, predispose to pregnancy anaemia?
   - **(a) Hookworm.**
   - **(b) Whipworm.**
   - **(c) Tapeworm.**
   - **(d) Roundworm.**
3. Is acute appendicitis commoner in pregnancy or the puerperium?
4. Which of these events may follow heavy smoking during pregnancy?
   - **(a) Abortion.**
   - **(b) Antepartum haemorrhage.**
   - **(c) Premature labour.**
   - **(d) Decreased birth weight.**
   - **(e) Foetal bradycardia.**
   - **(f) Congenital foetal malformation.**
5. What condition could be expected to accompany a pregnancy in which the following features were found at the Ante-Natal Clinic?
   - **(a) A previous stillbirth.**
   - **(b) Monilial vaginitis.**
   - **(c) Urinary tract infection.**
   - **(d) Excess maternal weight gain.**
6. Which is the safest route for the administration of oxytocic drugs for the induction of labour?
   - **(a) Oral.**
   - **(b) Buccal.**
   - **(c) Nasal.**
   - **(d) Intramuscular.**
   - **(e) Intravenous.**
7. Which of these pre-existing conditions commonly deteriorate during late pregnancy?
   - **(a) Duodenal ulcer.**
   - **(b) Pulmonary tuberculosis.**
   - **(c) Psoriasis.**
   - **(d) Cardiac failure.**
8. Which of these signs is diagnostic of foetal asphyxia?
   - **(a) Foetal heart rate more than 160/min.**
   - **(b) Foetal heart rate less than 100/min.**
   - **(c) Meconium staining of the amniotic fluid (vertex presentation).**
9. Which of the following signs are used to evaluate the Apgar Score of a newborn infant?
   - **(a) Frequency of respiratory movements.**
   - **(b) Heart rate.**
   - **(c) Umbilical cord tone.**
   - **(d) Limb tone.**
   - **(e) Intercostal recession.**
   - **(f) Pallor.**
   - **(g) Cyanosis.**
10. In the Perinatal Mortality Survey in Britain in 1958, serious congenital malformations were found in 19% of cases of perinatal death, and are

grouped by systems below. Rearrange the systems in their order of involvement.

(a) **Cardiovascular.**
(b) **Skeletal.**
(c) **Central nervous.**
(d) **Urogenital.**
(e) **Alimentary.**

11. In which of the following conditions may the level of chorionic gonadotrophin in the urine be raised?

(a) **Hydatidiform mole.**
(b) **Pre-eclamptic toxaemia.**
(c) **Diabetes.**
(d) **Rhesus haemolytic disease.**

QUIZETTE ANSWERS

1. **b, c, d.**
Pyelonephritis can cause placental insufficiency when it progresses to the chronic stage, especially when accompanied by hypertension. Hypothyroidism is not common in pregnancy and is not a cause of placental insufficiency. However, pre-eclamptic toxaemia commonly co-exists with hyperthyroidism.

2. **a, c.**
Any gross parasitic infestation can lead to nutritional anaemia, but Hookworm disease frequently results in severe iron deficiency. Fish tape-worm can cause vitamin B_{12} deficiency and resultant megaloblastic anaemia.

3. In pregnancy. Appendicitis has the same incidence in pregnant women as non-pregnant women of comparable age. However, it is very uncommon in the puerperium.

4. **a, c, d.**
A highly significant increase in the abortion rate exists amongst smokers. There is an increased risk of premature delivery between the 28th and 36th week of pregnancy. An average decrease in birth weight of ½ lb. occurs in babies of smokers. The foetal heart rate invariably rises when the mother inhales tabacco smoke. There is no proven association between smoking in pregnancy and either antepartum haemorrhage or congenital foetal malformations.

5. Pre-diabetic state in the mother. Such features in pregnancy can pre-date the onset of diabetes by 15-20 years.

6. **e.**
No orally active oxytocic agent is available for therapeutic use.

7. **d.**
Peptic ulcers and psoriasis usually improve in pregnancy. Pulmonary tuberculosis is usually unaffected by pregnancy, but if the course of the disease does deteriorate, this usually occurs early in pregnancy (or puerperium).

8. None, but all of these signs should be regarded as a warning of possible future asphyxia.

9. **a, b, d, f, g.**
Response to physical stimulation is also a parameter.

10. **c** (66.5%), **e** (24.4%), **d** (23.9%), **b** (21.4%), **a** (20.4%).

11. All.

Compiled by Simon Wood

NOTICES

PSYCHOLOGICAL SOCIETY.

The next meeting of the Psychological Society will be in the North Common Room at 5.30 p.m., on Tuesday, 25th June. Dr. William Kramer will be talking about Analytical Psychotherapy, and Dr. Stafford-Clark will be in the chair.

Sebastian Kramer

RUGBY CLUB 125th ANNIVERSARY

The main celebrations of the Club's 125th season are to be held on Wednesday, 30th October, 1968. In the afternoon, at Honor Oak Park, the 1st XV will play a side selected by Dr. Windsor Lewis and made up of representative players. In the evening it is proposed to hold a dinner at the Grosvenor House Hotel. This preliminary notice is to give past and present members of the Club adequate warning of these auspicious events in the history of British Rugby. Tickets for the dinner will be on sale at the beginning of August, the final price has yet to be fixed, but will be in the region of £5 for non-students.

It was decided at the last Annual General Meeting of the Rugby Club that the 125th season would be a suitable time to produce a club tie, to be available to all members, past and present. Readers of the "Gazette" are invited to submit designs, full size and preferably in colour, and a committee of the club will pick the most suitable. The winning designer will be presented with a free ticket for the dinner. Entries should be sent as soon as possible to Dr. G. M. Preston, Dept. of Physiology.

GUY'S HOSPITAL THEATRE CLUB.

The Summer production is to be Shakespeare's **The Tempest.** It will be performed from July 1st to July 5th in the Physiology Theatre at 7.30 p.m. Tickets will soon be available in the Colonnade.

This production will be performed also in the George Inn Courtyard on Saturday, June 22nd, at 3.00 p.m.

R. Cowan

SPORTS DAY—22nd JUNE.

The Guy's Hospital Athletic Club will hold its annual Sports Day at H.O.P. on the afternoon of Saturday, June 22nd. As well as the athletic events there will be a profusion of stalls and side-shows.

The highlight of the afternoon is expected to be the Inter-Ward Relay, for which a suitable trophy has been obtained.

There is a list on the Athletics Notice Board for those wishing to enter any athletic event.

The Athletic Club Hop will be held in the East Wing on the evening of Saturday, 22nd June.

M. Bates

NURSING SECTION

Impatient Patient, absorption or rehabilitation

Those of you who read the Nursing Section in the last issue of the *Gazette* and who understood the implications behind the poetry, should now be ready for the next stage.

The first very obvious principle behind nursing care is to make sure of the patients' comfort, and then the best method of carrying out the doctors' orders. After this, things are often left very much to the nurses as to what the patients do with their time. Granted there are as many facilities now available to the patients which do not need to be financed. The one big stumbling block is that nurses do not have the time to spare to spend bringing fresh interests and conversation to the patients.

The various organisations such as the Red Cross Books Trolley Service and the volunteers are a great help with this problem just by being there.

However, the constant cry from the patients is "I am bored" — "I have nothing to do, I've read all the books and papers that I want and there is nothing worth watching on the Telly". Boredom, of course, leads to introspection and Münchausen's Syndrome.

If, however, the patients had something to do — make, paint, draw and so on, then time for them would hasten by, and hospital stay would be as short as possible.

There are many occupations which can be directly related to physiotherapy, and the anguish of exercises could be banished by indirectly doing them whilst weaving a stool top or some similar diversion.

There are many people who become patients today and who live to work again. These are the patients whom we often see more than once due to their job or profession. These are the people whose profession may well have caused their illness. It would save a lot of patient boredom and N.H.S. time and money if they could commence rehabilitation employment WHILE STILL IN HOSPITAL. The extra finance used to employ a greatly under-estimated member of the medical ancillaries profession—the Occupational Therapist would be very worth while.

These, however, are the opinions only of a nurse and a patient. It would be interesting to hear the opinions of others.

CORRESPONDENCE

A Pox on Rumours

SIR,—The recent wave of student unrest in many institutes of higher education is based in part on the increasing separation of the governing bodies from the public they administer. Government by committee is now the accepted norm, but so often this means that decisions taken *in camera* only reach the outside world through planned statements or, worse, controlled leaks and rumour.

Guy's has a very large student body, in which I include nurses, physiotherapists and radiographers, and a large staff who are all concerned with the current and future welfare of the Hospital and School. Would it not be to the long term benefit of the Hospital to open all committee meetings to the public? The publication of the minutes of all committees, from the Court of Governors to the smallest constituent club of the Club's Union, would provide the information for free discussion which is the main safeguard of any democratic institution.

Yours, etc.,

G. M. PRESTON.

7, Sarah Swift House,
Kipling Street,
S.E.1.

Uniforms Defended

SIR,—Mr. Cobell's article in the *Gazette* of 11th May appears to be yet another example of those specious arguments put forward for the lowering of standards. Standardization may be a distinct advantage when dealing with things mechanical but patients are still human beings: although from their behaviour it would appear that some members of hospital staffs do not think so.

A nurse has a very distinct and personal relationship with her patients and the patients like them to be quite separate from the army of hospital ancillaries. White overalls will not suit the diversity of figures which the present well-cut uniform enhances; and they become creased and soiled rapidly. A clean apron makes the whole of the present uniform look fresh again.

Let there be no doubt about it but frilly caps are now worn for the fascination of the patients, both young and old. I would have thought that something attractive to cover the present fashion of unkempt untidiness might have been welcomed, particularly as the present cap lends dignity to even the most unpretentious figures.

The Consultant in his uniform of black jacket and pin-striped trousers engenders more faith in the patients than the scurrying horde of underlings in their white coats, mostly no longer white or fresh.

Clothes are said to make the man, but how much more so do they gild the female. Nothing could be more boring for the patient than to have all the hospital staff dressed alike. But then, of course, the patient is the last to be considered, just a number from the day of his birth to the day of his death when his docket can be conveniently filed away.

Yours, etc.,

JUNE WYATT (née Hanna)
(1943—47)

8, Heseldon Road,
Rondebosch, Cape Town

Guy's Directory

SIR,—I feel sure that your readers will be interested to know that a new edition of the Guy's Directory, which contains details of our graduates, is in the course of preparation.

All Guy's medical and dental practitioners should receive during the course of the next two months a card which they will be asked to complete and return so that information relating to each one will be accurate. The speed with which the new edition is produced will depend considerably upon the degree of co-operation by graduates in the provision of the details requested.

Provided everybody co-operates, it is anticipated that the book will be in circulation by the end of the year. Further details will be incorporated in a letter which I shall send to the *Gazette* at a later date.

Yours, etc.,

F. S. WARNER.

Medical and Dental Schools,
Guy's Hospital.

Suffragettes Sanctioned

SIR,—Mr. Tim Gould's concern, expressed in his letter to the last *Gazette,* about the consequences of allowing nurses the use of the Students' Club facilities is, I think, justified. The East Wing is daily proved to be only too small for the students and medical staff alone. The admittance of several hundred more people, all be they curvaceous and pleasing to the eye, would prove impracticable.

There is, however, good reason to hope that nurses and all non-medical staff, will demonstrate more eagerness to participate in the activities of the various constituent clubs. This they can do as guests, a title which detracts nothing from the extent and enjoyment of participation.

But until they demonstrate sufficient need for amalgamation, it is unreasonable to expect the Students' Club to be energetic in its efforts to help. It is interesting to note that the most interest in Student Club activities comes from the very junior nurses. They cannot be expected to hold much sway on the Nurses' Representative Council; yet those senior nurses who do, seem to have little demonstrable support for their cause.

Perhaps there is genuinely no place for Student Club activities in the social structure of a senior nurse. If this is so, then no harm can be done by nurses continuing to function as guests to a club as and when they feel so inclined.

Yours, etc.,

RUSSELL COWAN.

East Wing,
Guy's Hospital.

"Standing on the corner . . ."

SIR,—I think the fears Tim Gould has expressed, on behalf of us males, are unwarranted. (Prejudice, *Gazette*, 8th June.)

The prospect of being "eyed-up" by off-duty nurses (we should be so lucky) is rather pleasing, and I do not believe this is a one-way process, as inferred by Mr. Gould. I am quite sure many of us would welcome an opportunity to indulge in a little "viewing" ourselves, particularly as Guy's nurses are the most beautiful in London. If nothing else, this would make the lunch-time queue a pleasure.

If exclusion is the order of the day, more valid reasons are required.

Yours, etc.,

CHRIS FRANKS

East Wing,
Guy's Hospital.

Vietnam View

SIR,—The Editorial Board of the *Gazette* ought to be congratulated for the quality in which the *Gazette* has been edited in recent months. In its issue of the 8th June it had the courage to reprint an article written not by a Guy's man, " Medicine in North Vietnam", but no doubt introduced to show another British doctor's view about the other side of the 17th parallel below which Dr. Evans of Guy's devoted his lines.

Medicine no doubt has become here a political tool to foster a particular ideology. Since the profession's pay as pointed out in the same issue is still grossly inadequate in this country, one wonders about the wisdom of financing British teams to foreign theatres of war. Is the Government thinking of building new British temples of worship to replace the bombed Buddhist Temple as shown in Mr. Birstingl's photograph or are these medical delegates sent out just fact finding missions? At this moment this country cannot afford to throw pounds into bomb craters.

Yours, etc.,

HENRY WINDSLEY.

1, Askew Road,
London, W.12.

In Appreciation of Miss Caroline Hewett

SIR,

Time.

Man has bound himself with the warp of Time:
Yet he must tie his mind to something,
For in the waiting there is the hope
That some other mental hand will touch his own
And stop the clock for ever.

Belief on a Battlefield.

There is no God, no thinkers here,
Only the scent of cruelty drugs my brain,
While the Devil's music is gentle on mine ears,
For it is drowned by the noise of Man's Inhumanity to Man.

Death.

There is nothing cold in Death.
It is a great shout of joy.
For warmed, in its crotchet of sound,
Man, at last, escapes the Animal.

Yours, etc.,

B. WOTTON.

Frangipani,
Roman Road,
Bleadon.

Renovations in Museum

SIR,—Most of your readers will be pleased to learn of the renovation brought to the section in the Gordon Museum devoted to the four famous Guy's men: Addison, Bright, Gull and Hodgkin.

Now, for each one, there is a photo, a short biographical note, specimens relating to the disease he discovered and photo-copied post-mortem notes on the patient who suffered from the disease.

There is even an autograph of each one, except of Hodgkin—such a minor omission can be remedied soon.

It can be rightly said that all those responsible for this renovation deserve our grateful thanks.

Yours, etc.,

RASHID AUMEERALLY

East Wing,
Guy's Hospital.

Hospital Managers

SIR,—The attitude of the Ministry of Health appointing a Hospital Manager is bound to rile nurses and doctors alike, for whom consideration of the patient is paramount. Miss Johnson will be supported by hundreds of thousands of patients in taking a stand on principle.

This kind of attitude was killed stone dead when the 1957 Dentists' Act banned the formation of further bodies corporate in dentistry, where lay persons could manage companies employing professional dental staff.

Since then the British Dental Association has approved a form of Associateship to enable a vast number of dental surgeons to have the maximum amount of clinical freedom.

It is to be hoped that dental and medical staff will back Miss Johnson in resisting this retrograde action of the Ministry.

Tradition in Guy's has always placed foremost the personal consideration of the patient, and in this respect we have a reputation second to none. Long may it remain so.

Yours, etc.,

D. OSMOND SMITH.

Langdale,
Long Copse Lane,
Emsworth, Hants.

You call the tune

SIR,—I would like, through your pages, to make notice of the new Students' *Club Social Committee for 1968-69.*

This committee is fortunate in taking over a reasonably active and healthy programme of social events. This is due to the energy and imagination of the past committees and includes the hops, the Inflams, the showing of feature films and other less regular entertainments.

The on-coming Committee is probably not composed of embryonic impresarios and would welcome helpful advice on the type and format of Students' Club entertainment. I am, therefore, inviting suggestions or criticisms from any student to the members of this committee.

They are:

Keith Stewart (Secretary).
Sarah Lange.
Bruce Dick.
Roger Tudor-Williams.

Yours, etc.,

RUSSELL COWAN.

East Wing,
Guy's Hospital.

REVIEWS

A SUMMARY OF PSYCHIATRY

Alexander Elkes, J. G. Thorpe. Faber 13s. 6d.

I confess to a bias towards brief outlines of subjects. Specialists are often touchy about concise treatment of their subject. They ought not to be because if a topic cannot be discussed concisely then it is barely worth discussing. Far too often psychiatrists are outraged because someone has the temerity to make simple statements about subjects that have acquired a reputation for complexity. A survey of the psychiatric literature shows a growth rate which is not supported by a corresponding rise in the quality of the crop. Platitudes couched in jargon are accorded a reverence that they do not merit.

Drs. Elkes and Thorpe have written a summary of psychiatry which at times startles with its brevity, but which is nevertheless punchy, and does what it is intended to do, namely provides a set of revision notes.

J.H.W.

A SYNOPSIS OF OTOLARYNGOLOY

J. F. Simpson, I. G. Robin, J. C. Ballantyne, J. Groves. John Wright, 1968. 52/6d.

This Synopsis aims to cover the whole field of the specialty, except for operative details, in 500 pages. In order to cover so much ground the authors compress the material into note form with many separate headings and clear tabulation. This is a format familiar to readers of other volumes in the "Synopsis Series" published by John Wright. At 52s. 6d. it should prove extremely good value for the post-graduate student, either for revision for the D.L.O. or F.R.C.S. advanced exam, or for quick reference.

It is not intended for under-graduate students and would not even be suitable for the student who had a particular interest in Otolaryngology because no attempt is made to evaluate or comment on the dry facts.

This is the second edition of the book; the first one having been published 10 years ago. The first edition established itself as a uniquely comprehensive survey of the subject. However, over the last 10 years its sections on the surgery of the ear had become grossly out of date. This deficiency has been fully rectified and other minor changes in the remainder of the text are worthwhile.

J. G. FRASER

BACTERIOLOGY FOR DENTAL STUDENTS

R. B. Lucas and Ivor Kramer. Churchill, 40/-. 1967.

The authors set out to introduce dental students to the principles of bacteriology and do not aim to cover the subject in detail. Since the second edition was published, advances in microbiology have occurred, and revision of the text has been made accordingly, without resulting in any increase in size of the volume. This has been achieved by using a different typeface to accommodate the increase in the amount of material.

There are chapters on infection, immunity, sterilisation, and other general subjects, followed by descriptions of the most important features of the major genera of bacteria important to man. A fair amount of pathology is included where it illustrates general principles, and consequently the amount of straight bacteriology is reduced.

There is an excellent bibliography which contains suggestions for further reading, with helpful comments on the contents of various standard works of a more detailed nature.

There are a number of illustrations, mainly reproductions of photographs, some of which require the eye of faith for their interpretation. These are mainly the sections of tissues reproduced in black and white. Photographic illustrations of micro-organisms are excellent.

The authors succeed in their aim to present principles, but the dental student learning bacteriology still has to refer to the larger textbooks to gain enough detailed information, and even at the expense of some increase in size and cost, a book containing all the information necessary for examination purposes would be rather more useful.

R.H.S.

SPORT

Saturday heralds another famous day in the history of the Athletic Club, when H.O.P. will again be the scene of much strenuous activity; some of which should be directly connected with athletics. The organisers of Sports Day hope that it will be more successful this year than it has been previously. The degree of success depends directly on the number of people there, and so this is an exhortation to all Guy's men and women to stir from summer somnolance. Sports Day is a very pleasant, mostly light-hearted afternoon, to which all are very welcome.

Last Saturday four members of the Athletic Club competed in the British Universities Championships, held in Glasgow. While D. Barford, D. Choat and F. Nwator didn't reach the finals, I. Morgan achieved a creditable third place in the 440 yards hurdles finals, although in a time well below his best.

The Golf Club, unfortunately, relinquished their hold on the Beveridge Cup (the U.L. Team Championship), but were recompensed when D. V. Davies won the Eckoff Cup (the U.L. Individual Championships). He now goes on to play in the B.U.S.F. Championships in St. Andrew's at the end of July. We hope that he will be as successful there.

CRICKET

PAST v. PRESENT

H.O.P., June 8th.

Past: 163—9 dec. (Pagliero 33, Reekie 29, Norman 26).
Present: 155—9 (Crafts 68, Clark 43).

The Past batted first and after rain had interrupted their innings they declared at 163—9. During their innings, Crafts bowled well, getting 4—57 in 22 overs and was well supported by Beacham, 2—29 in 16 overs.

Guy's made a bad start, losing Gillham and Goodhart before the score reached twenty. Generally the Guy's batting was bad; only Clark (43) and Crafts (68) showed any form. Of the Past bowlers only Butchey is worthy of mention with 3—25 in 16 overs.

GUY'S v. HAMPSTEAD

H.O.P., June 9th.

Hampstead 144 all out (Clark 5—28).
Guy's 145—5 (Gillham 59 not out).

Hampstead won the toss and batted. At lunch they were 60—2, having batted rather slowly. After lunch wickets began to fall and Hampstead were finally out for 144.

The main feature of the Guy's batting was the return to form of Gillham with 59 not out, and 32 from Hey, still wearing borrowed "batting overalls".

This was a good win over one of London's better clubs and was our eighth win of the season.

TENNIS

INTER-HOSPITALS' CUP, 2nd ROUND

GUY'S v. MIDDLESEX

Result: Lost. Guy's 3½, Middlesex 5½.

On Wednesday, May 29th, 1968, Guy's team: J. Barton and J. Quant, first pair; R. Machell and N. Cavanagh, second pair; S. Cripps and M. Cockburn, third pair—assembled at Honor Oak Park. The Middlesex team consisted of K.McAdam, A. Zalim, D. Clarke, M. Wilkins, J. Turner and W. Beddington. One member of the Middlesex six had left his togs and racquets at the hospital, and the start of the match was delayed until 3.20 without time penalty.

Matchell and Cavanagh, playing in great style, quickly disposed of the Middlesex third couple, Turner and Beddington, 6—1, 6—0. The Middlesex first pair, McAdam and Zalim, dealing equally quickly with Guy's third pair,

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Cripps and Cockburn. A warning note was struck when Guy's first pair, Barton and Quant, took a very long time in obtaining their victory over Clarke and Wilkins, where the score of 6—1, 6—2, did not do justice to the quality of the Middlesex second pair's play.

The second round, with the pairs facing their opposite numbers, proved the key contest of the day. Barton and Quant, with an opening spell of inspired tennis, interspersed with more than the occasional lucky shot, quickly won the first set 6—2. The second set was hard fought, Middlesex commencing service and the Guy's pair always one game behind. At five all, Middlesex broke Barton's serve (aided by three double faults), and served out for the set. This disappointment galvanised Barton into a frenzy of concentration, and he played the final set more in the style of a mixed doubles, the opposition crashing to a 6—1 defeat.

The match, Machell and Cavanagh v. Clarke and Wilkins, was a little disappointing for Guy's. They were leading 5—4 in the first set, when an unwelcome intruder appeared from the athletics field. It seems this intrusion affected the Guy's pair's concentration more than that of the Middlesex pair who went on to break service and take the first set 7—9, and with their confidence now supreme, quickly took the second set 2—6. Cockburn and Cripps put in a tremendous effort in their second round match, taking their opposite numbers to three sets, a creditable performance considering that Turner and Beddington played second pair for Middlesex last season.

Tea was taken with the score standing at three matches all and, with Middlesex's first v. Guy's second and Guy's third v. Middlesex's second pairs, it was only a matter of time before Middlesex obtained a winning lead.

J.A.Q.

ATHLETICS

ATHLETIC CLUB TOUR TO JERSEY, MAY, 1968

Twelve intrepid Guy's athletes left Gatwick on Friday morning, 24th May, 1968, for a strenuous week-end of training and competition in Jersey. On arrival, our good intentions weakened slightly in the face of an abundant supply of duty-free liquor and tobacco. Undaunted, however, we set out in the rain in our hired minibus, and began "training" with a fiercely competitive game of football on the beach—Malcolm Bates giving a particularly notable performance in his latest underwear. Captain John Price gave strict orders for Friday evening, and most of us went to admire Julie Christie at the local flea-pit. The remainder discovered the hotel bar.

On Saturday morning we set out early, went to the longest stretch of beach we could find, and set about another strenuous game of football. Several stars emerged; Alan Ross earning much praise for his performance in goal. After a lunch of cheese and wine, we found a deserted stretch of cliffs approached by a narrow cart track, and settled down in the sun to gather our strength for the next day's match against Jersey A.C. The more daring members of the squad spent the afternoon scrambling on the rocks, especially Barry Hartley, on whose behalf we nearly had to summon the air-sea rescue team! The evening was spent touring around the north side of the island and visiting several small hostelries in the little coves which abound in the area.

Sunday's activities were on a more serious level, and the weather followed suit—it rained all day. The morning was spent sightseeing and drinking coffee, and the afternoon passed in deadly competition. The Jersey squad was small, but versatile, while Guy's had entrants for every conceivable athletic event. The most outstanding performance of the afternoon was put up by Friday Nwator in the 100 yards, and the most memorable was that of the Guy's "Heavies" in the 4 x 110 yards relay. But for a slight mix-up at a crucial take-over, the "Heavies" might well have come second in the relay. Guy's won the competition by a comfortable margin, and the betting now began on whether "our" captain would be able to chat up "their" secretary. We passed an enjoyable evening at the British Hotel, and later returned to our own hotel, attempting to drain the supplies of Martini! The team arrived rather sheepishly for breakfast on Monday morning, but spirits soon rose as we set off for the Finals of the Beach Football and an afternoon on the beach before flying back to London.

This was a most successful and enjoyable trip, and all of us who went are most grateful to the captain and secretary who so efficiently organised the whole, and not least to each other for providing such enthusiastic and stimulating company.

L.J.T.

GUY'S v. JERSEY

Results:
100 yds.—(1) Nwator, (2) Price.
220 yds.—(1) Morgan, (2) Price, (3) Barford, (6) Turner.
440 yds.—(1) Morgan, (2) Price.
880 yds.—(2) Fallowfield, (4) Bundred.
1 mile—(1) Choat, (4) Voss.
Shot—(1) Ross, (2) Price.
Discus—(1) Ross, (3) Voss.
Javelin—(2) Hartley, (4) Voss.
L.J.—(1) Bates, (3) Nwator.
Hurdles (120 yds.)—(2) Bates.
Relay (4 x 110)—(1) Guy's, Nwator, Morgan, Price, Barford, (3) Guy's "heavies".

INTER-COLLEGE LEAGUE

East London Stadium, Saturday, 11th May, 1968

The first of the series of three meetings was cancelled because of bad weather. Just before the beginning of this, the second, the heavens opened and the whole meeting took place in marsh-like conditions. In the track events Guy's did well. Morgan created a surprise by beating Nwator in the 100 yds. and also won the 220 yds. Price won the 440 yds. and Choat the 880 yds. Voss entered a new sphere of athletics by running the mile, and finished strongly. Goyne, a freshman, ran a determined and promising 3 miles. In the triple jump Walsh, also a freshman, jumped over 39ft. to take third place.

Results
100 yds.—1, I. Morgan (10.6 secs.); 2, F. Nwator (10.7 secs.).
220 yds.—1, I. Morgan (23.8 secs.); 2, J. Price (24.1 secs.).
440 yds.—1, J. Price (53.1 secs.); 2, B. O'Keefe (54.6 secs.).
880 yds.—1, D. Choat; 3, A. Fallowfield.
1 mile.—6, G. Voss.
3 miles.—6, T. Goyne.
H.J.—4, J. Shutes.
L.J.—5, F. Nwator.
T.J.—3, R. Walsh (39ft. 7in.); 4, I. Morgan (39ft. 5in.); 5, J. Shutes (39ft. 4in.).;
Discus.—5, G. Voss.
Shot.—4, G. Voss (33ft.); 5, J. Price.

GUY'S v. KINGS AND GOLDSMITHS

H.O.P., 15th May, 1968

Goldsmith's team consisted of one man, so he teamed up with King's. The match was won quite easily and it was very pleasant to see so many freshmen in the Guy's team. Novak showed considerable versatility, winning five events, and Shutes' 5ft. 6in. high jump was very good, especially considering the soft take-off. O'Keefe, who took second place in the 220 yds. and 440 yds., looked worth much better times, with training. Guy's won every event except the two miles.

Results :
100 yds.—1, Novak (10.1 secs.); 2, Price (10.2 secs.).
220 yds.—1, Price (23.9 secs.); 2, O'Keefe (25.5 secs.).
440 yds.—1, Price (54.6 secs.); 2, O'Keefe (55.6 secs.).
880 yds.—1, Fallowfield (2min. 8 secs.); 2, Jones (2min. 10 secs.).
1 mile.—1, Harild (4 min. 48.3 secs.); 3, Goyne (5 min. 4.7 secs.).
2 miles.—2, Goyne (10 min. 39.0 secs.); 3, Smith, 11 min. 44 secs.).
Shot.—1, Novak (34ft. 10½in.); 3, Voss (31ft. 1½in.).
H.J.—1, Shutes (5ft. 6in.); 3, Novak (5ft. 3in.).
L.J.—1, Novak (21ft. 10in.); 4, Barton (19ft. 1in.).
T.J.—1, Shutes (38ft. 10½in.); 3, Walsh (37ft. 2in.).
Javelin.—1, Novak (152ft. 7½in.); 4, Voss (122ft. 9½in.).
Discus.—1, Novak (95ft. 6½in.); 3, Voss (92ft. 7in.).
1, Guy's (73 pts.); 2, King's and Goldsmith's (45 pts.).

GUY'S v. ST. BART'S v. MIDDLESEX

H.O.P., Wednesday, 29th May, 1968

This match came two days after returning from Jersey. Also a team of nine Guy's Athletes, disguised as Ian Morgan's team, had the previous evening defeated Epsom and St. Paul's school sides at Epsom. So with a London University meeting in the evening in which a number of our team were competing, once again much depended on the freshmen. The match remained very even until the last three events, but was settled beyond doubt when Shutes won the Long Jump by one inch, his third win of the afternoon. O'Keefe won the 220 yds. and is improving all the time. With Choat running for U.L.U. and Fallowfield sitting exams., Jones ran first string in the 880 yds. and did well to take second place. Voss, in his first 880 yds., came third. Smith won the two miles and a short time later was only just beaten into second place by Moody of Bart's, in the Mile.

Results :
100 yds.—3, D. Gatland; 4, J. Shutes.
220 yds.—1, B. O'Keefe (23.5 secs.); 6, J. Lewis.
440 yds.—1, J. Price (53.2 secs.); 3, B. O'Keefe (54.2 secs.).
880 yds.—2, B. Jones (2 min. 11.2 secs.); 3, G. Voss (2 min. 11.9 secs.).
1 Mile.—2, B. Smith (4 min. 56 secs.); 5, G. Voss.
2 Miles.—1, B. Smith (10 min. 50.0 secs.).
Shot.—2, J. Price (32ft. 4in.); 3, J. Wood (32ft. 1½in.).
H.J.—1, J. Shutes (5ft. 2in.); 4, D. Gatland (4ft. 10in.).
L.J.—1, J. Shutes (19ft. 11½in.); 5, R. Walsh (17ft. 6in.).
T.J.—1, J. Shutes (39ft. 5in.); 2, R. Walsh (38ft. 9in.).
Discus.—2, G. Voss (96ft. 9in.); 3, J. Wood (88ft. 1in.).
Javelin.—4, G. Voss (113ft. 3in.); 5, R. Walsh (102ft. 1in.).
4 x 110 Relay.—1, Guy's (46.2 secs.).
1, Guy's (109 pts.); 2, Middlesex (85 pts.); 3, Bart's (72 pts.).

J.F.P.

GUY'S v. LONDON HOSPITAL v. St. MARY'S HOSPITAL

Result: (1) London 103 pts. (2) Guy's 102 pts. (3) Mary's 50 pts.

This match brought the first defeat of the season for the Athletic Club, who although completely dominating the track, failed to match the London in the field events and as a result lost by the narrowest of margins. There were some splendid performances on the track by Guy's athletes who won all the track events and gained maximum points in most. Outstanding was the 9.8 sec 100 yds. (with following wind) by Friday Nwator, and good times were recorded by Don Barford in the 220 yds.—22.7 sec., and Barry O'Keefe in the 440 yds. —52.7 sec. In the field events John shutes came 3rd in all three jumping events and although Richard Walsh and Graham Voss also scored reasonably well in the field they were no match for the London team who recorded some fine performances.

With only the relay to run, Guy's were 5 points behind and our only chance of winning was for the London to finish last or be disqualified. However, although the Guy's team (Barford, Shutes O'Keefe and Morgan) won in impressive style, London managed to take second place and hang on to win by one point.

Results (Guy's):
100 yds.—1st Nwator, 9.8 sec., 5th J. Shutes.
220 yds.—1st D. Barford, 22.7 sec., 2nd I. Morgan, 22.8 sec.
440 yds.—1st B. O'Keefe, 52.7 sec. 2nd D. Barford, 53. 7 sec.
880 yds.—1st G. Voss, 2 min. 9.7 sec. 2nd B. Jones, 2 min. 12.6 sec.
1 mile—1st B. Smith, 4 min. 52.7 sec., 3rd B. Jones, 5 min. 4.4 sec.
H.J.—3rd J. Shutes, 5′ 6″, 6th I. Morgan. (Winner 5′ 8″).
L.J.—3rd J. Shutes, 19′ 11¾″, 6th R. Walsh, (Winner 21′ 5″).
T.J.—2nd R. Walsh, 39′ 10½″, 3rd J. shutes, 38′ 11¾″, (Winner 41′ 11″).
Shot—4th G. Voss, 5th D. Barford, (Winner 33′ 11½″).
Discus—2nd G. Voss, 94′ 11″, 4th I. Morgan, (Winner 102′ 5″).
Javelin—3rd R. Walsh, 4th G. Voss, (Winner 158′ 9″).
4 x 110 Relay—1st Guy's 45.4.

GOLF

LONDON UNIVERSITY GOLF CHAMPIONSHIP

May 20th, Beaconsfield G.C.

Result: Individual (Eckhoff Cup):—
D. L. Davies, 76+72=148—1st.
D. R. Elliott, 76+78=154—3rd.
F. Foster, 83+79=162.
Team (Beveridge Cup):—
1st—Imperial College—461.
2nd—Guy's—464.

Guy's unsuccessfully defended their team championship title at Beaconsfield, but gained more than adequate consolation as Davies walked away with the individual title.

Guy's answer to the "Big Three" set out last in a field of 25 after a long and tedious journey; this might explain why they all dropped 5 or 6 shots in the first nine holes. Davies and Elliott returned in 35 and 36 respectively, to finish the morning on 76, in third position.

In the afternoon, Davies played superb golf. After a shaky start where he dropped shots on the first two holes, he produced a run of 3, 4, 3, 4, 3, 4, 3 to reach the turn in 34. Keeping extremely calm in the circumstances, he safely completed the round in 72 to win the Eckhoff Cup by three clear shots. A slight change in his swing at the start of the season has enabled him to hit his iron shots in true professional style, and this is where his real strength lies. His score could have been lower as he did not sink a long putt all day!

Foster had one of those days which all golfers dread, from tee to green he played well but the greens had him absolutely baffled. Elliott looked as if he was going to return a reasonable afternoon score when he hit his drive on the 35th to a relatively unexplored part of Beaconsfield and collected a 7.

The team could only manage second place in the Beveridge Cup, mainly because we only had a team of three, whereas the championship was decided on the best three morning and afternoon rounds from a team of four players.

However, it was an enjoyable day's golf. Many congratulations to Davies, and we wish him the best of luck in the British Universities Championship in July.

D.R.E.

DIARY

1st VI FIXTURES, 1968

June 22nd.—The London Hospitals (League). Away.
July 3rd.—King's College Hospital (League). Home.
,, 7th.—Shooters Hill. Home.
,, 14th.—Winchester. Away.
,, 17th.—University College Hospital (League). Home.
,, 27th.—Cumberland Club. Home.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Applications are invited for a post of **Lecturer** in the Pharmacology Dept. with duties commencing on 1st October, 1968, or earlier by arrangement. Salary in the range £1,895 to £2,630 per annum plus £60 London Allowance, according to qualifications and experience. Further particulars and forms of application are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **Junior Lecturer/Lecturer** (full-time) in Anatomy in Relation to Dentistry with duties commencing as soon as possible. Salary scales: Junior Lecturer: within the range of £1,415 to £1,775; Lecturer: within the range of £1,895 to £2,630, both with London Allowance and superannuation. Initial salary according to qualifications and experience. Forms of application are obtainable from, and should be lodged with the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Saturday, 6th July, 1968.**

PRIZES

The Golding-Bird Gold Medal and Scholarship
in
Obstetrics and Gynaecology
May, 1968

J. Woodland—Gold Medal and Scholarship

The Golding-Bird Gold Medal and Scholarship
in
Bacteriology
May, 1968

A S. Coulson—Gold Medal and Scholarship

PERSONAL

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CHANGES OF ADDRESS

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Dr. E. J. Crisp, High Beeches, Downe Road, Keston, Kent.

Falk Library of the Health Professions University of Pittsburgh, Pittsburgh, P.A. 15213.

Mrs. Martin Graham, 11b, Cornwall Gardens, London, S.W.7. Tel: 01-584 6084.

Mrs M M. Hallam, S.R.N., 19a, The Esplanade, Ryde, Isle of Wight.

Howell P. Jones, F.R.C.S., Leasowe Lodge, Ditton Lane, Moreton, Wirral, Cheshire. Tel: 051 ARRowebrook 8392.

Dr. and Mrs. R. W. May, 5, Little Thrift, Petts Wood, Orpington, Kent, BR5 1NQ. Tel: Orpington 24742 (unchanged).

Miss B. O'Hara Murray, c/o The International Grenfell Organisation, St. Anthony, New Foundland, Canada.

Dr. and Mrs. P. F. Sievers, Crest Holme, Well Meadows, Shaw, Newbury, Berks.

Mrs. D. M. Snaith, 60, Millfields, Writtle, Near Chelmsford, Essex.

Col. F. T. Wilkinson, Kildown House, Kilndown, Near Cranbrook, Kent.

BIRTH

CRADDOCK—On 17th April, 1968, to Nigel and Penelope (née Stevens, S.R.N.) a son, Alexander Nigel Steven.

FORTHCOMING MARRIAGE

RICE—RESTELL—The engagement is announced between Charles Rice, B.Sc., Senior Inspector of H.M. Customs and Excise, and Mary Restell, M.B., B.S., D.P.M.

PUBLICATIONS BY GUY'S MEN

Bishop, I. R. and Foxon, G.E.H. The mechanism of breathing in the South American lungfish *Lepidosiren paradoxa;* a radiological study. *J. Zool.*, 1968, **154**, 263.

Blackwell, B. and another. Prophylactic lithium : another therapeutic myth. *Lancet*, 1968, **1**, 968.

Brock, Lord. Long-term degenerative changes in aortic segment homografts, with particular reference to calcification. *Thorax*, 1968, **23**, 2490

Crook, J. C. Morphogenesis of testicular tumours. *J. clin. Path.*, 1968, **21**, 71.

Forrest, J. O. Survey of the equipment of local anaesthesia. *Brit. dent. J.*, 1968, **124**, 303.

Hill, M. J. and Wyard, S. J. Low-frequency electron spin resonance of irradiated ice and frozen solutions of hydrogen peroxide. *J. Phys.* B. 1968 Ser. 2; **1**, 289.

Hodgkin, K. and another. Effective measles immunisation programme in a general practice. *J. roy. Coll. gen. Practit.*, 1968, **15**, 258.

Jarrett, R. J. and Keen, H. Oxidation of sugars other than glucose, by isolated mammalian islets of Langerhans. *Metabolism*, 1968, **17**, 155.

Langman M. J. S. and others. Reproducibility of the hepatic uptake test of Vitamin B12 absorption. *Gut*, 1968, **9**, 199.

Rees, R. J. W. Drug resistance of *Mycobacterium leprae* particularly to DDS. *Internat J. Leprosy*, 1968, **35**, 625.

Rees, J. R. W. and others. Inhibition of haemaggregation ny lepromin and other mycobacterial substances. *Nature*, 1967, **216**, 1019.

Rees, J. R. W and others. Cell wall composition in *Mycobacterium lepraemurium. J. gen. Microbiol.*, 1967, **49**, 377.

Rees, R. J. W. and others. Effect of high dosage of methotrexate, associated with folinic acid, on the suppression of tuberculin sensitivity in guinea-pigs. *Clin. exp. Immunol.*, 1968, **3**, 91.

Trethowan, W. H. Teaching psychiatry by closed circuit television. *Brit. J. Psychiat.*, 1968, **114**, 517.

Wells, R. S. Ichthyosis. in *Treatment of common skin diseases.* B.M.A. Chap. 9. 1967.

Wells, R. S. Genetics in dermatology. In *Text book of Dermatology ed.* by Rook and Wilkinson. Blackwell, Oxford, 1968.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

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GUY'S HOSPITAL GAZETTE

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SPORTS CORRESPONDENT I. M. MORRIS
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FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2086

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Patient Care

Every houseman is aware of the 24 hour rule which is applied to a patient who, when admitted on Take-In, has to be placed in a bed of a consultant firm that is not on Take if there is no Take-In Firm beds. If this is the case, then such a patient is transferred to the care of the consultant into whose bed he was admitted. This means that on admission, the Take-in Firm or houseman clerks the patient, as usual, and starts the necessary treatment. If after 24 hours, the patient is not replaced in a Take-In Firm bed, he must be re-examined by the houseman who looks after that bed and re-appraised in respect of his treatment. If the management instituted initially by the Take-In houseman (following the teaching of his consultant) differs from that of the teachings of the consultant he has had to be transferred to, then the treatment is changed or modified.

One would not be surprised at this stage if the patient showed signs of confusion from this rather bizarre way of managing sick people in the early stages of their emergency admission.

Another feature of patient care is one in which a patient, having been routinely admitted on a number of occasions for a chronic illness under one consultant, as well as attending that consultant's out-patient clinic, may come into hospital on Take-In as a result of an acute exacerbation of his chronic condition, under a different consultant with little or no chance of being transferred to the consultant who has been treating him for some time.

As a result, the new firm has slowly to acquaint themselves through voluminous notes, if they can be found, with the patient's past symptoms, investigations and treatment, before any sensible continuation of management can be pursued. In many cases investigations are unnecessarily re-done, the patient upset by radical changes in therapy, even though past treatment was adequate and probably only in need of fine adjustment.

Indeed it is for the chronically ill patients admitted for an acute exacerbation of their complaints, that the 24 hour rule should be applied.

A Question of Priorities

Due to the fact that the contractors are behind schedule with the building of the Tower Block, it will be necessary to extend the working day into the night, and any inconvenience to patients and staff is regretted. If this extension is interfered with, the penalty clause will have to be forfeited. Thus spake Zarathustra.

Because the contractors are unable to keep to their schedule and don't want to be subjected to a penalty if they do not complete the work in the agreed time, everyone overlooking the site has to have their sleep diminished, disturbed or interrupted.

Because the builders cannot finish in one day that which they agreed to finish, they are to be paid extra time for working longer hours.

Because staff and patients have no effective representative to plead their cause with some consequence, this authoritarian action will go unquestioned, and where " Quiet Please" is the watchword, Noisy Tyranny reigns.

Transplants

The Pupils' Physical Society "teach-in" on transplantation took place on 20th June, in the Anatomy Theatre, which was packed for the occasion. Laurence Turner started the proceedings by presenting a case in which a young man in terminal renal failure had been given dialysis and then a successful renal transplant, following which he was able to lead a full and active life. The patient was present and ably answered all the questions put to him.

We then heard from three experts, all currently involved in transplantation. Dr. Cameron pointed out the problems involved in choosing a suitable patient for transplantation. He also said that the present limiting factor was not so much insufficient funds as a lack of trained staff. Mr. Ellis spoke of techniques used in renal transplant operations and of the limited time during which a cadaveric kidney could be used after it became available. Dr. Chard took us through a simplified version of the problems involved in tissue typing. He looked forward to the day when kidneys could be "typed" and the recipient with the least incompatible antibodies selected from a national network. He indicated that the solution to the rejection problem might come from work investigating the phenomenon of "tolerance".

Many points were raised during discussion, including the greater problems involved in transplanting other organs such as heart or liver, in which a patient could not be prepared for operation and tided over difficult periods by techniques comparable to dialysis in renal cases. The difficulties of early detection of rejection episodes were also discussed.

GUY'S DIARY

We offer our warmest congratulations to Lord Brock on his recent award of an Honorary Sc.D. by the University of Cambridge.

JULY

8th	M.	1.00	Clinical Lecture, Dr. BAKER. "The Diagnosis of Coronary Disease."
			Clinical Lecture in the Dental Theatre, Dr. R. H. STERN, of the University of California, "Laser: Current Dental Research."
9th	T.	1.00	Clinical Lecture, Professor Sir Hedley ATKINS. "Bone Tumours III : Secondary Deposits."
11th	Th.	1.00	Clinical Lecture, Dr. JOINER.
12th	F.	1.00	Clinical Lecture, Dr. KAUNTZE. "On Passing Examinations."
15th	M.	1.00	Clinical Lecture, Mr. HENRY. "Osteomyelitis."
16th	T.	1.00	Clinical Lecture, Dr. HOSKINS. "Radiology of the Adrenals."
18th	Th.	1.00	Clinical Lecture, Mr. LAWRIE. "Common Swellings of the Face and Neck."
		5.00	Neurosurgical Round. Mr. MURRAY FALCONER, Clinical Theatre.
19th	F.	1.00	Clinical Lecture, Mr. KILPATRICK. "Haematuria."

The Emotional Aspects of Contraception

by

Prudence Tunnadine

Not only the world's population has exploded in recent years. Public interest in, and demand for, contraceptive advice, has expanded rapidly, and comparable increase in research and technical skill have been necessary to meet them. The advent of oral contraceptives, combined with the new Act of Parliament, means that contraceptive advice will increasingly be given by doctors who have neither the time, nor, properly enough, the inclination, to devote more than casual attention to this limited speciality — seen by many as, at best, a simple sideline of medical gynecology; at worst, a necessary social evil. The F.P.A. however, staffed as it has been largely by married women in part-time employment, has been able, by the very narrowness of its front, to achieve a concentration of clinical interest and expertise in considerable depth.

One of the most significant results of this has been the observation that the problems of the patients in this field, as in family medicine, are rarely what they seem. Unconscious factors affect significantly, not only motivation to contraceptive effort, but choice of method, effective use of method, and the effect these have on the enjoyment of intercourse. For example, the atheist mathematician who has intellectually rejected Roman Catholicism years ago, uses contraceptives for social or even medical reasons. The unconscious 7-year-old bit of her which loved the nuns who taught her; which felt safe in the security of their values, effectively prevents her from enjoying or even wanting intercourse while contraception is used. The young woman with anxious and guilty fantasies about the forbidden mystery which is her vagina — never to be thought about, certainly not touched or enjoyed, — will get pregnant eventually with a diaphragm, not because the diaphragm is faulty or ill-fitting, but because it is left in the bathroom cupboard.

Prudence Tunnadine is Consultant in Psycho-sexual problems to the Family Planning Association.

We find too that fertility advice is often only the "respectable" pretext for a clinic visit at which the patient's true hope is that she will be able to discuss, complain of, improve, the quality of her sexual life. Many a woman seeking contraceptive advice is in no danger of conceiving, since her marriage or affair has not been consummated. Doctors who offer this advice, whether to married or unmarried, will need to be aware that implicit in the offer is the concept that procreation is not the sole valid purpose of intercourse; that pleasure and the expression of a relationship are equally valid functions of truly human sexuality. Many of course recognise this instinctively and reject it, very properly refusing for religious reasons perhaps to do the work; but perhaps for less proper unconscious reasons refusing to advise one group or another, or one method or another.

As a result of this awareness, and of the awareness that in treating the sexual problems so offered, traditional methods of advice, instruction and reassurance were largely ineffective, a seminar system was developed within the F.P.A. With Dr. Michael Balint, and later with Dr. Tom Main, — both psycho-analysts skilled in group methods of training and research — doctors first learned, then researched, and now train others, in a technique which has been found effective. Briefly, it consists of applying the insights and interpretations of psychotherapy to the normal short time clinic events; namely, 1. the face-to-face, 10-15 minute doctor-patient relationship and 2. the gynaecological transactions of vaginal examination, smear taking, coil insertion, cap fitting and cap teaching etc. It has been found consistently that these provide short cuts to the patients' unconscious sexual anxieties, and we use them so, to achieve understanding, as other therapists might use hypnosis or drugs for deeper therapy. The immediate doctor-patient relationship reveals how the patient reacts to, and produces reaction in, others in her life — often husband or mother. For example, the doctor who finds herself working hard with questions and advice, with only passive or negative response, may recognise the husband's difficulties in love making with such a patient. No need to send for him and ask! We find the moment of vaginal examination, if skilfully handled, offers direct access to fears, fantasies and defensive systems, as though emotional coverings were shed with the clothes, with such impressive consistency that we have come to call it the "Moment of Truth".

THE SCOPE OF PSYCHO-PHYSICAL THERAPY

Pre-marital anxiety and non-consummation.

Presenting symptoms of these, which may be regarded as two aspects of one complex, range from the infertile 50-year-old, seeking a cervical smear and found to be virgo intacta, to the 17-year-old apparent "hussy" wanting the pill, "just in case", who proved too nervous to be examined. While the technique is empirical, and every patient different, two patterns emerge with consistent frequency.

1. Many women have strange unconscious fantasies about the nature of their genitalia, which factual information and intellectual knowledge do not shift. A biology graduate believed she had only one passage, the urethra. Childhood catheterisation accounted for her fears of pain and damage in intercourse. Others think the vagina leads to a welter of bowel and mystery the size of a full term fundus, so that things may be lost in, or damaged by, it. The psycho-therapeutic elements of treatment allows these to be discussed; the "somatic" phase follows in confronting the aired fantasies with the true facts, by encouraging self-examination of the vagina. It works! Husbands rendered impotent by their wives, anxiety and vaginismus, have regained their virility overnight.

2. Many women feel they have not received maternal permission to own their femininity — "mother never told me". If this feeling and the associated fears or resentments are explored, the "somatic" phase of therapy seems to operate by a different mechanism. A respectable older woman has accepted her desire for a sexual life, and then hands over her vagina to her husband. "It is yours. Own it, touch it, love with it."

Promiscuity

Many of our supposedly "wicked" unmarried patients reveal situations of this type. Treated — which of course involves the doctor's first acceptance that intercourse is a proper thing to want — they usually soon return plus engagement or wedding ring, eminently square and respectable, daring to give their whole selves, rather than only their bodies in experiment. I have yet to meet a frankly promiscuous girl, or an unmarried mother, or a girl seeming "brazen" about her extra-marital affair, who has enjoyed intercourse to the point of vaginal orgasm. Most have felt no pleasure at all, or even frank distaste. Perhaps the more successful do not need to come. We are only beginning to see these people in large numbers, so that classification from personal experience is not yet possible. Certain facets are however common. The girls' relationships to men or to their own bodies usually are subsidiary to a faulty parental relationship; they are daughters, that is, rather than women or lovers. They seek something lacking at home — love, care, attention, punishment. Being still parentally tied, either by guilt or rebellion, they cannot own and share their bodies with feeling, and a kind of experimental and despairing frigidity results. Untreated, it may be carried from partner to partner in pathetic and fruitless quest. Interpretation of the parental relationship as mirrored in the doctor-patient relationship, is followed by the doctor (sic mother) handling over a vagina "fit for something better". It is interesting how many young people, who reject outright the prohibitive "stop it", can accept the idea of intercourse as to be "nothing but the best".

Contraceptive difficulties

Any form of serious contraceptive effort may prevent pleasure in intercourse for women who feel, for religious or other unconscious reasons, that its consequence ought to be pregnancy. Some of these, like some who complain of subfertility without demonstrable physical cause, seek unconsciously the "baby in themselves"; namely, the helpless, dependent, yet loved part which so many eldest or only children have been unable to enjoy.

Many patients who insist on the pill have characteristics in common with those mentioned above, who find the cap distasteful. The vagina is to them a prohibited "no touch" organ, shut off not only from physical acceptability, but from feeling also. Many who complain of vaginal "anaesthesia" or of cessation of pleasure after penetration, present this way.

Some patients find, after their initial elation at its simplicity and certainty, that they are frigid on the pill. There seems an endocrinological explanation for some of these, improved by adjustment of the dose. In most women the hormonal phases of the menstrual cycle are accompanied by psychic phases; a sexy "hunting" phase while conception is possible; a second "broody" maternal phase after conception has occurred or no longer is likely; often culminating in the "disappointment" of pre-menstrual tension. It follows that the flattening out of the hormonal phases by the pill affects women variously. Some may rejoice in relief from prolonged premenstrual tension, while others, who valued their lively post-period appetite, are disappointed to find themselves "broody" throughout. Again, understanding and interpretation, (which is different from guessing, however informed) may obviate the need for a changed prescription.

For other "pill difficulties" the explanation is less simple. Some "must be for a baby" cases, described above, seem to require the element of "sporting chance" denied by a foolproof method. Others find themselves receiving sperm for the first time, and find this distasteful. They find they enjoyed it more with the sheath, or even with coitus interruptus. Often verbalisation of this intimate matter with interpretation of the underlying prohibited excitement, is enough. One however occasionally finds aspects of penis envy here which need interpretation before orgasm can be resumed.

Physical symptoms.

Many patients offer physical symptoms as a guise for sexual complaint. Dyspareunia, "feeling too small", non-consummation, are all self-explanatory. Suffice it to say that with very rare congenitally abnormal exceptions, the size and function of the vagina depends on its physiology and psychology rather than its anatomy, which is almost infinitely elastic. We meet patients who have undergone repeated dilatation or surgery without change in feeling, who can respond to exploration of fantasies. Other symptoms repeatedly offered (unconsciously) as guises for frigidity are pill side-effects — headache, sickness, breakthrough bleeding, — menorrhagia, amenorrhoea, dysmenorrheoa, backache; requests for smears and cancerphobia, discharges and fear of V.D.; — all physically non-existent; and of course, subfertility which has often been investigated without the discovery that they are hoping for cure by the stork! It is worth noting that in all these instances the presenting symptom denies that her emotions are involved. While men at the bar tend to boast of their virility. women at the garden fence tend to boast of their frigidity. How hard it is in our culture for a woman to admit her wishes for a fully enjoyable sexual life.

Frigidity.

Clearly in ten years much has been learned about the nature of frigidity. It may briefly be said in summary that we see it as a defensive control system, involving "civilised", "virtuous", "adult", or "sensible" veneers. Orgasm in the female is incompatible with "Sunday-best behaviour". Therapy is based on understanding and interpretation of these veneers, the doctor asking herself what in a particular patient needs to be thus controlled. Usually it is an aspect of "babyishness" — in the lay rather than the pre-genital sense. Weakness, dependency, submission, may all be feared and intolerable. Noise, dirt, "bad" behaviour; here we sometimes meet the woman, intolerant of these in others as well as in herself, who bashes, or fears she will bash, her babies. To others orgasm — that ultimate abandonment of control — means wickedness, animal lust, "making a fool of oneself", even madness. To all, the fear is of revealing what they really may be; to all, this is something the "they" of their particular super ego, would not approve.

To show that these prohibitions are internalised within themselves is useful in itself. To find a therapist, apparently a respectable, whole person, who can hear "the worst" and yet pay overt tribute to the value of their most primitive aspects, can transform not only their personalities as a whole, but their function as lover, wife, mother, and member of society also.

References :

"Virgin Wives," Friedman, 1962.

"The Frigid Female," Jean Pasmore, Practitioner. May 1967.

"Marital Tensions," Henry Dicks, 1967, p. 282.

"Non-consummation of Marriage," Sylvia Dawkins and Rosalie Taylor. Lancet, November 1961.

"Pre-Marital and Marital Problems," Jean and Stephen Pasmore. Medical World, October–December, 1964.

OBITUARY

EMILY HOLTUM

Miss Holtum, whom a very large number of Guy's men will remember, died suddenly on the 23rd June, at the age of 68. Her first contact with Guy's was in 1925 when she came under the care of Dr. Fawcett and Dr. Campbell during her third attack of rheumatic fever. During the next forty-three years she maintained an almost uninterrupted association with the hospital and become one of our best known and most respected patients.

Apart from her own illness she had much tragedy in her life. Her mother died when Miss Holtum was twenty and five of her six brothers and sisters died in childhood. She lost her remaining sister four years ago. She gave up work at 25 to keep house for her father until he died in 1939. From this time until the end of her life, in spite of gradually increasing disability, she remained fully occupied with voluntary social work, activities for her local church and by developing a keen interest in music.

For nearly thirty years she belonged to that select group of patients who come to the Pre-Clinical Classroom and many students will remember her as their first patient. She was a regular visitor to the qualifying and the M.R.C.P. examinations where candidates must always have been grateful to her for her courtesy and the quiet way she would put them at ease at a time of stress. She never failed to say with sincerity after she had been examined, "I wish you good luck in your career." All the Clinical Tutors who knew Miss Holtum are greatly indebted to her for the part she took in their teaching and for the unfailing regularity with which she came to the Classroom. Later in life, when she spent several long periods in hospital, she continued to enjoy her rather special rôle in the teaching and for this the many registrars and consultants who knew her will also be grateful to her. I hope I may be allowed to express, on behalf of the Guy's men who knew Emily Holtum, our warmest appreciation of this kind and gentle lady who gave so much more than she received.

R. K. KNIGHT

DR. HENRY A. THOMPSON, D.D.S., Toronto, L.D.S. Eng. B.Sc.D.

Henry Thompson was brought up in Toronto and became a dental student in the University there, graduating in 1932; he then came to Guy's and qualified L.D.S. in the following year. For a long period he practised in Toronto, specializing in oral surgery. In recent years he transferred his practice to Victoria, B.C., where he conducted a School of Oral Surgery. Dr. Thompson visited London, England, at frequent intervals, and always resumed his place as a Guy's man. Professionally highly skilled, a man of strong personality, like most students from the Dominions conversation with him was a stimulating experinece. He will be greatly missed by those who had the privilege of his friendship.

F.N.D.

COMMENT : Entitled Explanation

With the passing of winter the general practitioner's surgery becomes less crowded and with it there is a proportionate fall in the number of unenlightened and dissatisfied patients leaving the surgery.

The majority of patients are neither hypochondrical nor disbelieving. Instead they are sensibly concerned about their well-being and, as such, are eager to receive an explanation of their ills.

While it would be wrong to generalise, from the number of patients who register discontent, that all doctors are at fault, it is quite fair to infer that communication between doctor and patient is often inadequate.

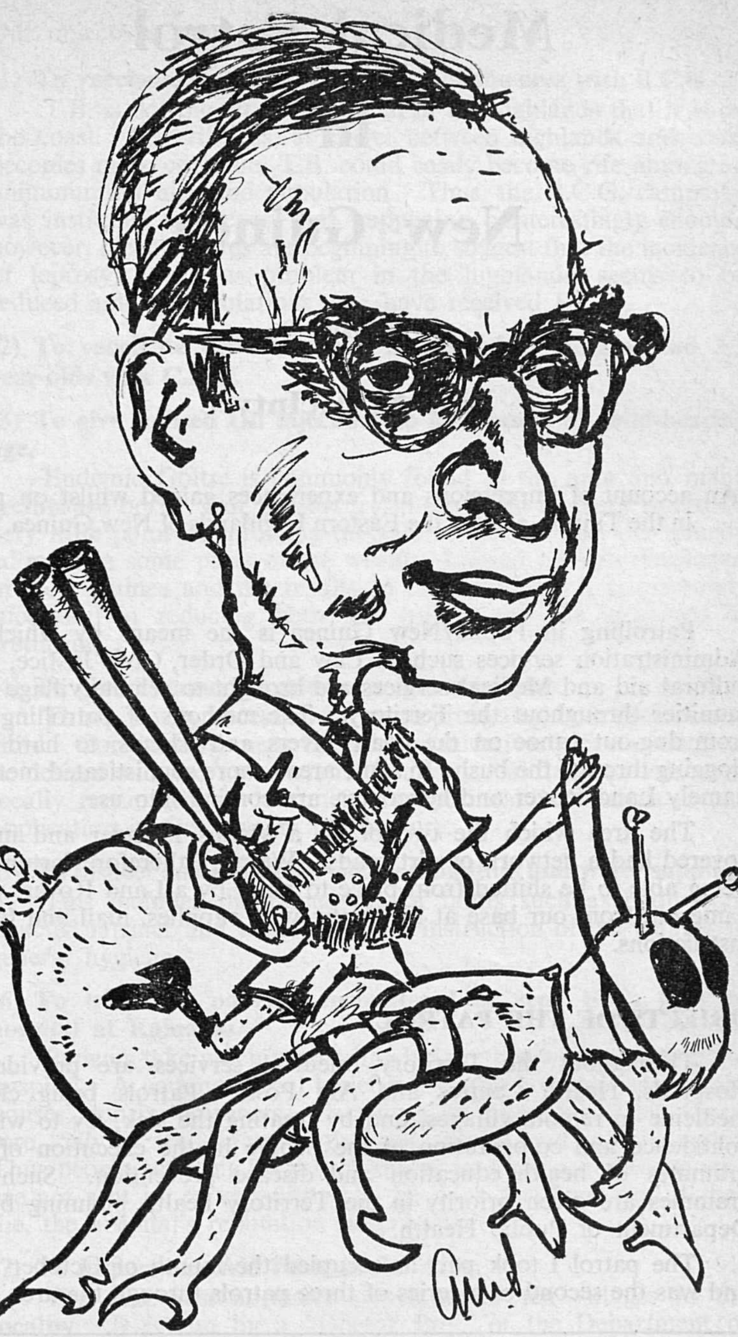
Answering the patient's questions, whether asked or not, may seem laborious, time-consuming and, at times, impossible. The difficulty encountered on matters which tred the delicate path between frankness and kindness is undeniable. Honesty is, of course, paramount if respect and trust are to be engendered or maintained, and discretion must be employed with care.

Certainly the task is a difficult one, but it must be remembered that it is an obligation. Doctor/patient communication is essential, and provides a valuable opportunity for improved medical education of the public. It is not always sufficient to allay the patient's fears with a pat on the back and a trite catch-phrase, especially when not a finger has been laid upon him. A detailed explanation is often necessary to outline the cause and interpretation of symptoms although inability to answer questions should not be denied. Advice should be proferred to prevent recurrence or aggravation and treatments should be explained carefully. All too often, dosages are misunderstood, courses of therapy are unfinished and containers are ambiguously labelled.

The onus of furthering the public's understanding of medicine is not only the doctor's. Sensible use of newspapers and broadcasting media provides a wide range of opportunities. These methods are vulnerable to sensationalism and melodrama which, although fundamentally distasteful and damaging, capture the attention of the public. It is in this climate of mounting interest that accurate coverage of less sensational medicine is expedient.

The results of increasing public understanding of medicine, its practice and its theory, are only advantageous. Essentially, they will be manifest as two advances. First, disease will be recognised and advice sought earlier. Second, unnecessary consultations will be drastically reduced. Both advances will favour the medical profession which must reply with even greater efforts to bridge the gap. The profession is and must continue to be respected, but its practice must longer be held behind locked doors. There is absolutely no excuse for not making every effort to ensure this. No longer should patients remain unenlightened and dissatisfied.

Russell Cowan



‘ Lolly ’ Forman

Medical Patrol in New Guinea

by

Iain N. McIntyre

(An account of impressions and experiences gained whilst on patrol in the Tairora area of the Eastern Highlands of New Guinea.)

Patrolling in Papua/New Guinea is the means by which the Administration services such as Law and Order, Civil Justice, Agricultural aid and Medical services are brought to remote village communities throughout the Territory. The methods of patrolling vary from dug-out canoe on the coast, rivers and islands, to hard footslogging through the bush. In some areas, more sophisticated methods, namely Land Rover and helicopter, are coming into use.

The area which the two of us, a Manus Islander and myself, covered had a network of dirt roads. We were therefore fortunate in being able to be shifted from place to place by a Land Rover, which came out from our base at Kainantu, with supplies, mail and further instructions.

OBJECTS OF THE PATROL

Throughout the Territory, medical services are provided at Hospitals, Health Centres and Aid Posts. Patrols bring clinical medicine to remote villages, and by treating the sick, try to win the confidence and co-operation of the people in the execution of programmes of health education and disease prevention. Such programmes are given priority in the Territory health planning by the Department of Public Health.

The patrol I took part in occupied the month of October 1967, and was the second of a series of three patrols through the area.

Iain McIntyre is a Clinical Student at Guy's at present spending a year in New Guinea on Voluntary Service Overseas.

Our objectives were:—

(1) **To vaccinate the whole population of the area with B.C.G.**

T.B. is not the serious problem in the highlands that it is on the coast. Nevertheless, as travel between highlands and coast becomes more common, T.B. could easily become rife among an unimmunised highland population. Thus, the B.C.G. campaign was instituted to prevent this happening. Interestingly enough, however, recent figures are beginning to suggest that the incidence of leprosy, a serious problem in the highlands, seems to be reduced among populations who have received B.C.G.

(2) **To vaccinate children under 3 with triple antigen, and 3-5 year-olds with C.D.T.**

(3) **To give Iodised Oil injections to all women of child-bearing age.**

Endemic Goitre is commonly found in the area and many cretins are born. Salt is a luxury in the bush, so there would be very little point in enforcing the sale of iodised salt, the remedy adopted in some parts of the world. Iodised oil was developed in New Guinea and the results so far show that it is extremely successful in reducing both the goitres and the incidence of cretinism.

(4) **To give Tetanus Toxoid to pregnant women.**

This is a very necessary measure protecting both mother and child. Cord management by village "midwives" leaves much to be desired and neo-natal tetanus is a very real danger. Also, the locally recommended treatment for perineal lacerations is the application of fresh warm pig manure.

(5) **To inspect and report on village sanitation and water supplies.**

This includes the remedying of faults such as badly constructed latrines and waste pits; and instruction of the villages in general hygiene.

(6) **To treat any patients encountered or send them back to hospital at Kainantu.**

Patients take much persuading before they will agree to go to hospital. A common local belief is that the hospitals are "death houses" run by poisoners. Care must be taken by patrols, therefore, only to send in cases that can almost certainly be cured. Thus people suffering from such things as advanced malignancies are not sent in, as very little can be done for them, and if they die, the hospital's reputation suffers severely.

(7) **To inspect any Aid Posts in the Area.**

The Aid Post normally serves up to ten villages in the locality. It is run by a "Doctor Boy" of the Department of Public Health, who is trained to recognise and treat the most common ailments found in the area. It consists of a treatment hut, a ward and the Doctor Boy's house.

THE PEOPLE

New Guineans are Melanesians, a small, tough, very friendly, negroid people; probably the most primitive in the world. The first European patrol came into this area in 1928, and the Administration's influence was not fully established until the middle '40s. Until then, primitive stone axes were in use; the wheel was unknown, and shells brought up from the coast were the local currency. Recently, when Australia decimalised her money, some highlanders, not trusting the new money, reverted to trading in shells for a time.

Medical Patrols are accepted quite readily; and the people are not averse to injections. This is mainly because, in the mid-50s, Medical Patrols went through the area and eradicated Yaws, which up until then had been the scourge of the highlands, by giving everyone a shot of Procaine Penicillin. The cure was so spectacular that

Papuan Man and Wife.

almost magical properties were attributed to the drug. It is thought locally to be the answer to all ills, from arthritis to malaria. Often, a man feeling a little jaded, will demand a "shot" to pep him up. Fortunately, most of the organisms commonly found in the area are very sensitive to penicillin. Some, however, notably the Gonococcus, are becoming more resistant. Whereas Gonococcal infections could once be overcome with a single shot of penicillin, 12 are now required.

Patrols also provide a subject of interest and a talking point to brighten the otherwise dull village life, a good market for local fruit and vegetables, and an opportunity for some to earn money as carriers.

THE VILLAGES

In the Eastern Highlands, the village is a collection of from 10–30 huts made from woven bamboo or pit-pit walls, a thatched roof of kunai grass, supported on a wooden frame. The village is surrounded by a wooden stockade, which at one time kept out enemies but is now supposed to keep out the pigs. Inter-village feuds are still common, and in one place we found it difficult to get carriers to take our gear to another village as in doing so they were risking their lives in such a feud. The houses have no windows and the doors are locked at night to keep out evil spirits. Fires are lit inside the houses to provide heat (it gets cold at night at 6,500 feet) and to cook the "kau-kau", a sweet potato which with "kumu" (edible leaves) forms a large part of the local diet. Thus the houses are filled with acrid smoke which cannot escape. This leads to a high incidence of respiratory disease in the highlands. Current thinking in Sydney suggests that besides other respiratory ailments, this environment produces a form of Farmer's Lung.

In all villages, there are one or two huts set aside from the rest of the village which are occupied by the womenfolk during their menstrual periods. Menstrual blood is "Tambu" or sacred, and can have magical properties dangerous to males. While she is bleeding, a woman may not live in the same house as her husband, prepare his food or work in his garden lest he become contaminated. If she is breast feeding a child she is obliged to wash herself before giving the feed.

Society in the area is male dominated. The men do almost no work, leaving all the gardening to the women. When their husbands die, custom demands that the widows cut off one or two finger tips at the distal inter-phalangeal points, as a sign of their grief. Polygamy is also widely practised.

Social services are almost unnecessary in this region, as no man will see another starve; housing and clothing are easily obtainable; orphans are adopted by another member of the line and the old folk are looked after by the rest of the village. The people do not have a long life-span here, and by the time a man is 50 he is considered finished. Threescore years and ten are very rare in this part of the world.

THE INJECTION SESSIONS

In one session we normally gave about 300 injections; our record was 495 in one day. Normally, two or three villages would "boong"* together to receive their shots. The session was treated as something of an entertainment. The show started with a sermon in Pidgin English explaining why we had come and why we were giving the injections. This was relayed to the congregation by one, two or even three interpreters who shouted out in their local place-talk in competition with one another. Such topics as the mode of spread of diarrhoea, the advantages of regular washing, the importance of seeking medical aid early when sick, the necessity of a properly balanced diet for children and the advisability of co-operating with Malaria Control Teams, were covered.

The people sat in groups, the men on one side and the women and children on the other. The first group to receive their injections was always the picaninnies. They screamed and struggled when their names were called out, much to the sadistic delight of the menfolk, who encouraged them saying, "The Doctor will eat you!" In some villages the turnout of men was very poor, and on investigation we found they had stayed away because they did not relish the idea of

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*boong = meeting (pidgin).

A "session" in a village.

having a sore arm for a few days. This seemed to me to be incredible among a people who ritually pass sharp sticks down their oesophagus to make themselves vomit blood from their stomachs. (This, incidentally, is supposed to make them irresistible to women!)

ATTITUDE TO EUROPEANS

The coming of the first Europeans into the region was preceded by wild rumours sweeping inland from the coast, declaring them to be returned ancestral spirits. Consequently, the first white men were reverently received. Europeans are now no novelty in the region, but this idea still lingers on among the older people. At one village, an old man came to our hut one evening, attired in full sing-sing outfit, Bird of Paradise head-dress, assorted animal skins and leaves, axe in belt, bone in nose and worn-out baseball boots on feet; an awesome sight. He said how pleased he was to see a white man and especially an ancestor of his come back from the Spirits to bring him gifts. So as not to disappoint him I gave him some tobacco, whereupon he promptly announced his intention of standing guard outside our hut with his bow and arrows all night, to ward off evil spirits. Thus he effectively proclaimed a curfew over the whole village, which to a man thought him demented. It turned out that there was indeed method in his madness. For, in the morning, we awoke to find he had eaten all our sugar cane, both our remaining pineapples and was noisily chomping away at the third sweet corn from our stock, which he had cooked for himself on our pressure stove. Ancestor humbug!

CURATIVE MEDICAL SERVICES

When a man in a village falls ill, medical aid is available absolutely free of charge. Rarely, however, is the system used to its best advantage. Normally, the first thing a villager does is to wait for a few days to see if he will get any worse. He then calls in the local "man belong rausim poison" to rid him of the evil spirits. If the Witch Doctor feels that the cure is beyond his power, the patient is sent to the local Aid Post. If the Doctor Boy feels the patient's condition warrants it, he may send him to a sub-district Health Centre or to a Base Hospital. The great problem is delay, as by the time the patient reaches the Aid Post, he has often waited too long and succumbs.

LOCAL DISEASES

Scabies is by far the most common local disease. Other common diseases are diarrhoeas, bowel infections and infestations, pneumococcal pneumonia (the commonest cause of jaundice in the Territory), malaria, leprosy, infected lacerations and abrasions, otitis media, hookworm, ascariasis, peptic ulcer and, in children, malnutrition is very common. Gonorrhoea spreads very rapidly and whilst in the bush, we were asked to trace the source of an outbreak and send her back to Kainantu. Thirteen cases were reported from a coffee plantation but none of the men would betray the source of the outbreak, until we threatened to withhold treatment. Eventually, the source was traced to a 13-year-old girl who unashamedly gave us a list of 24 contacts.

Dental health in the region is very poor. One of the reasons for this is the local practice of chewing betel nuts, ground and mixed with daca and lime. Apart from hideously staining the teeth, it is soothingly effervescent on the gums which it eventually erodes. Betel chewing also predisposes to cancer of the mouth.

Two diseases are unique to this part of New Guinea, and in neither case is the aetiology established.

The first, Kuru, resembles Parkinsonism. It is found among the Foré people near Okapa, who are known for sorcery, ritual murder and the eating of their dead, including their diseased dead. Restricted to a very small area, the disease was first described in 1951. Starting *with a tremor and inco-ordination of movement, the patient becomes* emotionally labile, at times laughing to excess, at times depressed and belligerent. She then develops dysarthria progressing to anarthria, can neither stand nor sit, is doubly incontinent, and starves from dysphagia. Death usually occurs within a year of onset and 50 per cent of Foré women and 10 per cent Foré men succumb from this disease. Various theories have been advanced and disproved to account for this mysterious disease and currently the most popular seems to be that it is a slow rising infection transmitted by the eating of the brains of dead kuru victims.

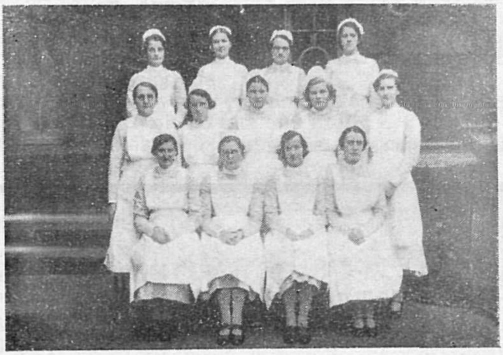
The other disease always presents as an acute abdomen and is known as Necrotising Jejunitis or, in Pidgin, "pig bel". The patient, usually a child, invariably gives a history of eating pig within the past week. The pain is of sudden onset and immediate surgical action is necessary if the patient is to survive. The jejunum is inflamed, oedematous and has black necrotic patches scattered along its length. The only positive finding to date is a raised antibody titre to Cl. Welchii. Nevertheless, nobody has yet succeeded in isolating this organism from the affected gut.

IN CONCLUSION

The people of the 22 villages visited, listened politely to what we had to say. Some even thanked us for coming. Very little change will, however, take place as a direct result of our visit and it will certainly be many years before the advice given by these patrols is heeded. Nevertheless, improvements are slowly being accepted; progress, albeit gradual, is being made; and this is surely the most important thing.

CORRESPONDENCE

Nurses' Uniforms



SIR,—I wonder if it is possible to have this photograph inserted in the Gazette? It was sent to me a few days ago. The nurses trained about the same time as Mrs. Hallam, writer of the letter in the *Gazette* of 7th June. Would one say that they "looked frightful?"

Yours, etc.,

FLORENCE TAYLOR

Flat 2,
103, Blackheath Park, S.E.3.

No. 10

SIR,—In relation to the letter from D. Osmond Smith, we would like to point out that there is no evidence that the appointment of a Hospital Manager would be to the detriment of the welfare of the patients. On the other hand, there have been various reports highlighting the presnt inadequacies of the fragmented administrative structure in hospitals.* However, studies of the effects of different organisational structures on patient care are sadly lacking. We congratulate Guy's on being one of the first hospitals to try out a new idea in administration, and it is to be hoped that the opportunity will not be missed to examine the effects of this change on all aspects of hospital life.

Incidentally, if Mr. G. M. Preston's suggestion about open committees and the publication of minutes were realised, some of the recent "rumours and speculation" in the national press and elsewhere might have been avoided.

Yours, etc.,

JANET LEWIS
MARY AMBLER

*e.g. "The Shape of Hospital Management in 1980 ". King Edward's Hospital Fund, 1967.

Social Medicine Unit,
Department of Medicine,
Guy's Hospital Medical School.

The First Forgot

SIR,—If Professor Emslie will refer to the Guy's Hospital Gazette of September 30th, 1967, he will see that he is two years out in his statement in his "The New Dental Curriculum at Guy's." The first students, or "pupils" as they were known then, for the preliminary training in Dental Mechanics were admitted in November, 1907. I should know: I was one of them.

Yours, etc.,

DOUGLAS WAIN

Woodford, Mount Auldyn,
Ramsey,
Isle of Man.

NURSING SECTION

Crossfire

Regularly every 50 years or so a hospital decides to add to or change its style of uniform. However, when the nursing staff of a nation decides to have a national uniform then public feeling, which for decades has lain dormant is greatly roused. It takes little to arouse public feeling nowadays and this applies not only to the youth of a nation. The disadvantage of working in a newsworthy profession is that the rousing of professional feeling within a hospital does nothing to inhibit the Press.

Whether a hospital decides to change its uniform or not the nurses are the people who are the ones most concerned. For once the nursing profession must be allowed to make their own choice irrespective of criticism from either patients or the medical profession. We are the people who are concerned—we have to wear the uniform. Our pride in our own work and loyalty to our own hospitals will determine whether it will be necessary to have two uniforms—one for public occasions and one for everyday work.

Only when one has been a nurse for a considerable length of time does it really become apparent that no matter how many times one changes hospitals and uniforms there is always the trouble of discomfort and time wastage attached to climbing into uniform. Pride in our work and appearance will set a standard for neatness and smartness. Necessity will set a standard for cleanliness, and only after these considerations are taken into effect will a general pattern be set. It always takes time to implement change of this type and finance is a big factor.

The Ministry must fairly finance each hospital in the National Health Service, and only those hospitals who are willing to pay for the continuation of their own uniform should be allowed to have a uniform for their own special occasions, if they wish to continue money wasting prize-giving and other hospital social functions.

The experiments at present being carried out in three centres are specifically concerned with style and materials for a National uniform. The nurses concerned in these experiments are prepared for a great deal of helpful and adverse criticism. More of the nursing world is carefully and quietly watching and waiting—for time and patience are necessary.

While we watch and wait we had better prepare for a national form of identification, and a clear definition of each person's rôle within the nursing profession and ancillary branches.

REVIEWS

SURGERY IN INFANCY AND CHILDHOOD

W. M. Dennison, 2nd Edition. Livingstone, 70/-.

This book was written for family doctors, junior hospital medical staff and senior students, and for nurses. It modestly refers specialist readers to standard textbooks of Paediatric Surgery.

However, in a small and attractive presentation, with numerous good photographs, it provides a thorough, sensible and entirely unexceptionable account of paediatric surgery, without going into detail.

Being essentially practical, it is easy and interesting to read, and the humdrum is spiced with examples of the rare and exotic.

There is a brief up-to-date bibliography at the end of each chapter, and a good index.

This is an excellent book, and it is strongly recommended to all students and doctors.

Rex Lawrie

SYMPTOMS AND SIGNS IN CLINICAL MEDICINE (8th Edition). E. Noble Chamberlain and C. M. Ogilvie, John Wright and Sons, 55/-. 1967.

This latest edition of a book that has been published for over thirty years is a useful introduction to the art of diagnosis. It has two great virtues that are continued in this new edition; a very readable text and excellent illustrations (of which there are many new ones, making a total of 390.)

Whilst emphasising the importance of bedside diagnosis, the book provides concise accounts of the use of ancillary aids at appropriate points through the book. The first chapters deal with history taking and clinical examination. Later chapters deal with the symptoms and signs of disease in the various systems. This is, perhaps, where the one fault of the book lies. There seems to be a certain unevenness in the stress laid on the various specialities. Some, notably psychiatry and rheumatology, are restricted to brief mentions in various parts of the book rather than having a section to themselves.

However, this is a very minor fault in an otherwise excellent book. This new edition with its several improvements, maintains the high standard of the preceding editions and is well worth its reasonable price.

I.M.M.

APPLIED DENTAL MATERIALS. John N. Anderson. Blackwell, 50/-. 1967.

" Anderson " has become the standard textbook for dental students studying materials. It contains as much information as is required for examination purposes, and this information is set out under very clear headings and subheadings, which aid learning tremendously.

Graphs and tables of figures are not found in excess, and emphasise the points set out in the text by their simplicity, instead of adding to the confusion, as such illustrations can do if used without discrimination.

There is no reference to authors or publications in any section, and this no doubt has helped to produce the impression of conciseness, of few words wanted, which is maintained throughout. There is an excellent bibliography, however, containing references to a number of recent publications, the basis of which can be found in the test, though this requires a little amateur sleuthing.

Thus, unlike some new editions which contain, perhaps, detail changes in a few chapters, with the bulk unchanged, this third edition of " Anderson " has been carefully and thoroughly brought up to date.

Any adverse criticism must be aimed at the conciseness and basic approach. Each sentence is packed with essential fact, and the student studying for examination cannot afford to miss one. This does tend to make reading rather slow. However, it does not claim to be a scientific treatise on materials, and the author himself says that the scope has been purposely limited. He has achieved his aims admirably, and the book is deservedly regarded as the standard textbook in its subject for dental students.

R.H.S.

SPORT

SPORTS DAY, 1968

H.O.P., Saturday, June 22nd

This year's Sports Day was very nearly spoilt by dismal weather consisting of a subtle combination of constant heavy drizzle and wind. However, an enthusiastic (if not huge) crowd, together with some creditable performances on a slippery, heavy track, produced a splendidly enjoyable afternoon.

The day's events were opened by Friday Nwator's victory in the 100 yds. in a worthy time of 10.2 secs. The other track events were also affected by the strong wind, but the 440 yds. was a good win in 51.8 secs. for Ian Morgan, with both John Price and Don Barford close behind. The 120 yds. Hurdles gave another success for Ian Morgan, who skated his way over the barriers, beating Andrew Winskill by four yards. Peter Peace, that pocket Hercules of the Anatomy Department, won the Shot Putt to gain his third victory in the field events.

The less serious but equally important events of the afternoon were well subscribed to by eager competitors. Barry Hartley's team of eight uglies were powerful victors in the Tug-of-war. Their hard-baked professionalism was well demonstrated by one of their team wearing spikes. However, Mr. Ellis displayed the mark of the truly great umpire when he compensated for this by ignoring the inclusion of an extra man in the opposing team. The Rugby Club were convincing victors in the 4 x 110 yds. Club's Relay, showing great turn of pace right round the bends. The Athletic Club were second, with the Croquet Club an unlucky third.

The highlight of the afternoon was undoubtedly the Inaugural Race for the Ward Relay Trophy in which six teams (2 men, 2 women) competed. The sight of so many lightly clad nurses galvanised their male team-mates and the spectators into a frenzy of effort and shouting to give the event an air of great excitement. The result was a magnificent win for Dorcas, their gazelle-like girls displaying remarkable speed and beauty, and the men ably maintained the lead to win by some 10 yards. Diplock were second, despite fielding two of the fastest runners in Guy's; their girls were rather outclassed in speed but not looks. Astley Cooper and Evelyn were third and fourth respectively.

In the last event of the afternoon the Rugby Club had little difficulty in capturing the Beer Race. Their noted ability to sink a pint of beer on any occasion, in any conditions, was the basis for a virtuoso performance from each and every member of the team.

Lady Atkins very graciously presented the prizes at the end, the most important of which was the superb new Ward Relay Trophy itself. This is a beautifully designed, stainless steel paediatric bedpan, mounted on a mahogany board. The Victor Ludorum was well won by Ian Morgan with four firsts and one second.

Finally, thank you to the Athletic Club for a very good afternoon's entertainment; especial thanks to Malcolm Bates for all his hard work in organisation, which was excellent.

Results :

100 yds.—1, F. Nwator; 2, I. Morgan; 3, J. Price. Time 10.2 secs.
220 yds.—1, I. Morgan; 2, J. Price; 3, J. Barton. Time 23 secs.
440 yds.— 1, I. Morgan, 2, J. Price; 3, D. Barford. Time 51.8 secs.
880 yds.—1, B. Jones; 2, G. Voss; 3, B. Smith. Time 2 mins. 12.2 secs.
1 mile—1, T. Gönye; 2, B. Smith; 3, A. Godfrey. Time 4 mins. 53.3 secs.
2 mile—1, B. Smith; 2, G. Voss. Time 10 mins. 55.5 secs
120 yds. hurdles—1, I. Morgan; 2, A. Winskill.
H.J.—1, J. Barton; 2, A. Godfrey; 3, R. Walsh
L.J.—1, I. Morgan; 2, F. Nwator; 3, J. Price. 20 feet 3½ inches.
T.J.—1, A. Godfrey; 2, I. Morgan; 3, R. Walsh. 38 feet 7½ inches.
Shot—1, P. Peace; 2, J. Price: 3, B. Hartley. 40 feet 9½ inches.
Javelin—1, A. Godfrey; 2, R. Walsh; 3, I. Morgan.
Discus—1, P. Peace; 2, G. Voss; 3, J. Wood. 120 feet 7½ inches

Hammer—1, P. Peace; 2, J. Wood; 3, I. Morgan.
Wards Relay—1, Dorcas; 2, Diplock; 3, A. Cooper; 4, Evelyn.
Clubs Relay—1, Rugby Club
Tug-of-War—1, B. Hartley's Team.
Women's 100 yds—1, R. Dow; 2, A. Ironside. Time 12.2 secs.
Beer Race—Rugby Club
Victor Ludorum—I. J. Morgan

CRICKET

GUY'S v. TEDDINGTON

Saturday,15th June

Guy's 143—8 (Gillham 44, Chase 32); *Teddington 119—8 (Hurst 45).*

Guy's were glad to win the toss on a very hot, sunny day, and bat. Teddington, in the field, semed to suffer under the heat of the sun and only bowled an average of 15 overs per hour. This caused a little concern to Guy's because after our share of the time we did not have sufficient runs with which to declare and had to bat until 5.15 to obtain a score of 143—8 dec. Guy's bowled their overs at a quicker rate and, in fact, bowled only seven less than Teddington in a much shorter time.

For Guy's, Gillham and Chase batted very well and both were out trying to force the pace. Lower down the order Crafts (27) and Beacham (15) batted effectively.

Early in their innings Teddington were well up with the clock. However, when Hurst was dismissed they did not have sufficient batting left to keep this up and fell behind the clock. Crafts bowled particularly well against his other club, taking three wickets.

The game ended in a draw with Teddington having two wickets left.

GUY'S v. PARK EALING C.C.

Park Ealing 125 (Clark 5—21); Guy's 110—8.

Guy's won the toss and put Park Ealing in to bat and bowled them out for 125, and expected to get these runs fairly easily. However, Guy's started slowly and this, together with the slow over-rate bowled by the opposition, put Guy's behind the clock. However, Clark and Appleby helped the scoring rate along quite quickly until Appleby was bowled. Guy's then lost four wickets trying to force the pace, and ended having to play out the last over for a draw.

For Guy's Crafts put in another good performance, bowling 18 overs and taking two wickets for 18 runs. With luck he may well have got more wickets. This was one of the occasions that the Guy's fielding was well up to scratch and six catches were taken safely.

Record so far this season in Club games : Won 8, Lost 1, Drawn 7.

DIARY

1st XI FIXTURES

JULY

6 (Sat.)—v. Southgate.	H.O.P.	2.30 p.m.
7 (Sun.)—v. Mayfair.	H.O.P.	11.30 a.m.
10 (Wed.)—v. Wallington.	A.	11.30 a.m.
13 (Sat.)—v. Nomads.	H.O.P.	11.30 a.m.
14 (Sun.)—v. Streatham.	A.	2.00 p.m.
20 (Sat.)—v. Metropolitan Police.	H.O.P.	2.30 p.m.
21 (Sun.)—v. London New Zealand.	H.O.P.	11.30 a.m.
27 (Sat.)—v. Lloyds Bank.	A.	2.30 p.m.
28 (Sun.)—v. Enigmas.	H.O.P.	11.30 a.m.

ATHLETICS

U.H. RELAYS AND FIELD EVENTS TROPHY,

at Paddington, on June 21st, 1968.

Result : 1st, Guy's; 2nd, London; 3rd, Westminster.

This meeting was notable for its complete lack of organisation and as a result the afternoon was not as enjoyable as it might have been. However, the Guy's team managed to win the trophy in very convincing fashion. We won all the relays : (the 4 x 440 by default) the 4 x 110, the 4 x 880 and the Medley (880, 220, 220, 440).

Although we had only a handful of athletes competing in the field events, they did all that was necessary to back up the splendid results on the track.

G.C.V.

Results :

4 x 110 yds.—1, Guy's (J. Price, P. Bundred, D. Barford, F. Nwator).
4 x 880 ds.—1, Guy's (P. Bundred, B. Smith, I. Morgan, G. Voss).
Medley—1, Guy's (B. Jones, J. Price, D. Barford, B. O'Keefe)
Field Events—J. Price, G. Voss, J. shutes, R. Walsh, I. Morgan, F. Nwator.

BOAT CLUB

ALLOM CUP REGATTA

1st VIII.

This event is organised by the University of London, and held at Chiswick. The 1st VIII was entered as a Junior Crew, with two Tyrian members substituted to make the status correct. In the first heat Guy's met St. Mary's, who were expected to give a good race. At the start both crews rowed off at a high rating. Guy's pulled a canvas ahead, but after three minutes began to fade and Mary's went into half a length lead. Towards the finish Guy's began to pull back. Suddenly there was the crunch every trailing crew prays for—Mary's had hit another boat! Guy's rowed on to where the finish ought to have been—but the officials apparently decided that the finishing line for that particular race was where St. Mary's had stopped so abruptly. They went on to win in the final.

Senior IV.

This scratch crew were drawn against St. Thomas' in the first heat, Guy's lost half a length on the start but put up a spirited fight to lose by only three-quarters of a length.

Junior IV.

Guy's were drawn against a good U.C.H. crew, who had three previous wins this year. Down at the start by a canvas, Guy's soon pulled up to a half-length lead but could not maintain the pace, and the fitter U.C.H. rowed through to win by 1½ lengths. They then went on to win the final.

U.H. BUMPING RACES

1st VIII.

For the first time in many years, Guy's had a chance to get to the top of the 1st Division, lying third, behind Mary's and Bart's on the first night. St. Thomas' were 4th with a polished and experienced crew, so it was essential for Guy's to bump St. Mary's rapidly on the first night. At the starting gun Guy's set off at a bristling pace and were soon in hot pursuit of Mary's. A length was made up in the first 30 secs., and at one minute there was only 3 feet between the boats. Unfortunately, despite the crew's determined efforts, Mary's managed to hold off at 3 feet, and Guy's then began to fade away. St. Thomas', who had been trailing by two lengths, suddenly spurted and convincingly bumped Guy's. Mary's went on to bump Bart's.

On the second night, Guy's made a good start, hoping to catch St. Thomas' before they bumped Bart's, but half-way along the course Bart's succumbed, so Guy's were left to row over—keeping Westminster two lengths behind.

Bart's, on the third night, were determined to avoid the shame of being bumped on all three nights. Guy's were equally determined to bump them, but although Bart's were less than half a length ahead for most of the course, the crew did not have that extra punch necessary to make the bump.

2nd VIII

From the gloom of the term's previous rowing, and after much dry-land "coxing" (down in the bar), a formidable 2nd VIII was formed. The lack of training and coaching failed to daunt their enthusiasm, and over the three practice outings their spirit steadily climbed.

Tactics were clear—an all-out effort for the first minute—fitness would not allow this limit to be raised—being reinforced by the crew's fear of rowing the entire eight minutes.

The boat started 10th in the 1st Division.

Race the 1st.

Straight from the start the 2nd VIII began to overhaul the crew in front, but fate was against us, for they bumped the crew in front of them before we could administer our victory collision

Race the 2nd.

Spurred on by memories of the row-over, the 2nd VIII started off firmly at 42 and within one minute had gained an easy victory over Mary's II.

Race the 3rd.

With victory behind them, and another chance in front an all-out effort soon developed. Spurned on by enthusiastic blasts on a whistle by the cox, their reward was achieved by bumping Royal Vets. 1 in 1½ minutes.

3rd VIII.

The "gentlemen's" crew was third in the 2nd Division, behind Bart's IV. A cox was not available on the first night, so the resident Welshman in the crew substituted. Guy's made a "Grand Prix" start, which proved disastrous when it was discovered the rudder was jammed, so a record-breaking sprint was made straight across the river into the opposite bank. Bart's V behind, made a technical bump—but the next night were rapidly and deservedly put back in their place.

Not satisfied with this, the Gents went on to bump Bart's IV on the last night, reaching the dizzy heights of 2nd in the 2nd Division.

Crews:

1st VIII.—Bow, A. Batch; 2, P. Moulder; 3, R. Pickney; 4, R. Forrest; 5, A. Hodgkinson; 6, N. Bax; 7, J. Pook; Stroke, R. Pearce; Cox, R. Stanley.

2nd VIII.—Bow, N. Astbury; 2, R. Tudor-Williams; 3, D. Palin; 4, K. Howard; 5, S. Swain; 6, P. Hunt; 7, D. Gillman; Stroke, M. Hunter; Cox, R. Ashman.

3rd VIII.—Bow, N. Davis; 2, J. Samuel-Gibbon; 3, P. Sharp; 4, M. Bishop; 5, J. H. Williams; 6, J. Skuse; 7, G. Stygall; Stroke, G. Taylor; Cox, R. Stanley.

Allom Cup

1st VIII.—Substitutes: J. Miller, P. Robinson.

Senior IV.—Bow, G. Taylor; 2, P. Moulder; 3, J. Pook; Stroke, P. Gooder; Cox, R. Stanley.

Junior IV.—Bow, J. Swain; 2, K. Howard; 3, G. Langley Smith; Stroke, P. Hunt; Cox, R. Ashman.

GOLF

THE PRESIDENT'S MATCH

Tandridge Golf Club, Sunday, June 16th

The President's match began at 11 a.m., with M. Christmas driving off for the President's team against D. Elliott. The weather was murky in the best English golfing tradition. The match was played in three foursomes in the morning with six singles in the afternoon. The President had produced a strong team this year, as in the past. The first match looked an easy victory for M. Christmas and W. J. Bishop, but after nine holes they were two down against their opponents. Over the last nine holes they played much better, returning in a score of 35 to win by three holes on the 17th green.

Mr. Brain and Dr. Lindsey had no difficulty in beating their opposition. They were two up at the turn, eventually winning at the 14th. Dr. Maclean's and Professor Cohen's golf was too powerful at the beginning for their opponents, who were both new to the course and the pressure of the match. After nine holes, Dr. Maclean and Professor Cohen were four holes ahead. The match changed over the last nine holes with the four-hole lead being lost. The eventual result was a halved match. The score at lunch was 2½ for the President's team to ½ for the Students.

After lunch-time refreshment the team assembled for the singles match. M. Christmas played too well for his opponent with a score of 71. W. J. Bishop played A. Phillips and won by a similar margin. W. J. Bishop remarked that his opponent was a shadow of his former self—perhaps it was due to the refreshment! Mr. Brain played the newest member of the student side, F. Foster, who drove with a five wood; Mr. Brain remarked later, "it was a good thing that his opponent didn't use a driver." Dr. Lindsey halved with N. Curry after a very close match with a few holes being given away. Dr. Maclean had no difficulty in beating his opponent in a singles match; the pressure on J. Mackenzie was too much.

At the end of the day we travelled to Dr. Maclean's house for dinner. It was a most enjoyable day. We should like to thank Dr. Maclean for his generous hospitality.

N.C.

Result (Dr. Maclean's team first):

Foursomes:

M. Christmas and W. J. Bishop/D. Elliott and A. Phillips. Won 3—1.

Mr. R. H. F. Brain and Dr. M. Lindsey/N. Curry and V. G. Williams. Won 5/4.

Dr. K. S. Maclean and Professor S. Cohen/F. Foster and J. Mackenzie. All square.

Singles:

M. J. Christmas/D. Elliott. Won 5/4.

W. J. Bishop/A. Phillips. Won 5/4.

Mr. R. H. F. Brain/F. Foster. Lost 5/4.

Dr. M. Lindsey/N. Curry. All square.

Professor S. Cohen/V. G. Williams. Lost 1 up.

Dr. K. S. Maclean/J. Mackenzie. Won 5/3.

Result: 6—3 for the President's team.

SWIMMING

U.H. Gala, 1968

This year Guy's Swimming Club have been runners-up in nearly everything. It was the same in the Annual U.H. Gala held at the Shell Pool on the 14th June.

Guy's swimmers were very enthusiastic in their task and we managed to get at least two people for nearly every event.

Without starting on a long list of events, it reflects very well on the "depth" of swimming strength at Guy's that though we had no individual men's winner, we still managed to finish second overall.

The competition itself was very exciting, with the final result of both men's and women's competitions in doubt right up until the last event. Unfortunately, we were "pipped at the post" both times.

For the women, Miss S. May and Miss P. Sinclair deserve special mention—both individual winners. It augurs well for Miss May, starting as women's swimming captain in September, winning both the breaststroke and freestyle events.

Final points position: Men: London 62, Guy's 55, Mary's 53, Royal Free 28, King's 9. Women: Royal Free 43, Guy's 41, Mary's 31, London 28, King's 4.

Swimmers: Men: M. Adkins, D. Aspin, D. Anderson, S. Challacombe (capt.), D. Davidson, D. Foulds, K. Howard, N. Howell, G. Northcott, B. O'Keefe, B. Wright. Women: J. Abels (capt.), J. Bromley, J. Falconer, S. Hodges, A. King, S. May, P. Sinclair.

The only spectators were supporting Guy's. These included ex-president Mr. Warner and a vice-president, Mr. Haywood.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar** in Anaesthetics with duties to commence 1st October, 1968 and appointment for one year in the first instance. Forms of application are available from the Superintendent, Guy's Hospital and should be returned by **15th July, 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **Registrar** in Ophthalmology (two sessions) with appointment from 1st October, 1968 for one year in the first instance. Forms of application are available from the Superintendent, Guy's Hospital and should be returned by **15th July, 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **S.H.O.** in Ophthalmology (full-time) with appointment from 1st October, 1968 for one year in the first instance. Forms of application are available from the Superintendent, Guy's Hospital and should be returned by **15th July, 1968.**

GUY'S HOSPITAL

Applications are invited for the post of locum **Registrar** in Anaesthetics for the period 14th July to 30th September, 1968. Forms of application are obtainable from the Superintendent, and should be returned as soon as possible.

GUY'S HOSPITAL

Applications are invited for the post of locum Junior Medical **Registrar,** with appointment until 30th September 1968. Forms of application are obtainable from the Superintendent, and should be returned as soon as possible.

HOUSE APPOINTMENTS

September 1st, 1968

GUY'S HOSPITAL

Applications are invited for the following house appointments due to begin on September 1st 1968, forms of application giving choice of post in order of preference to be lodged with the Superintendent not later than **July 26th, 1968.**

House Surgeons	4
House Physicians	5
Gynaecological House Surgeon	1
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1
House Physician to Dr. Bishop and Radiotherapy	1

The above appointments will be for six months and will be open only to pre-registration candidates applying for their **first** appointment and not to candidates seeking their second six months appointment.

Children's House Physician (second six months)	1
Resident Obstetrician (post registration)	1
Neurological House Physician (post-registration)	1
Dermatological House Physician (post-registration)	1
House Physician in Child Psychiatry (post registration)	1
House Surgeon to the Thoracic Unit (S.H.O.)	1
Casualty Officers (S.H.O.)	3
House Physicians in the Department of Psychological Medicine (S.H.O.) To commence 1-10-68.	2
Resident Anaesthetists (S.H.O.)	2
R.M.O. in Nuffield House (S.H.O.)	1
Children's House Physician at Evelina Hospital (post registration) To commence 1-10-68	1

ST. OLAVE'S HOSPITAL

House Physician (pre registration). Preference given to second six months candidate	1
Gynaecological House Surgeon (S.H.O.)	1
Casualty Officer (S.H.O.)	1

NEW CROSS HOSPITAL

House Physicians in Medicine and Geriatrics (S.H.O.) (pre-registration, preference given to second six months candidate)	1
Senior House Officer to the Rehabilitation Unit (S.H.O.)	1

The house appointments committee will also consider application for the following posts and preference will be given to second six months applicants:

BECKENHAM HOSPITAL

House Surgeon	1

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases.	1

LEWISHAM HOSPITAL

House Surgeon to Mr. Le Brun	1
House Physician to Dr. Llewellyn Smith	1

MILLER HOSPITAL

House Physician	1
House Surgeon	1
Senior House Officer in General Medicine and Paediatrics	1

ORPINGTON HOSPITAL

House Physician	1

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson	1
House Physician to Dr. Miller	1

P. J. HELLIWELL,
Superintendent.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Final F.R.C.S.

P. Beasley
M. E. Conybeare
H. R. Davies
P. W. Head
J. F. Mustaffah
S. Nundy
M. C. Pietroni
R. A. Sells

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

F.R.C.O.G.

I. Rocker

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Final L.D.S.

Part 1. Surgery

C. S. Blockley
J. Hargraves
J. L. Holmes

Part 2. Dental Surgery

R. J. Beacham
A. J. Carr
J. M. C. Carrington
M. L. Hamm
J. G. Ritchie
I. C. Robertson
D. J. Sherwood
A. J. Stevens

P. F. Murphy
P. R. M. Orton
M. G. Pearce
A. Phillips
M. F. Richmond
D. M. Stevens
A. P. Taylor
N. A. Tilling
M. R. Townsend
R. D. Webb
E. A. Wilson

PERSONAL

CHICHESTER—Associate Dental Surgeon required, under 35 preferred, to take over from retiring partner of five man practice. Equal partnership offered after initial period. Fleetwood and Partners, Richmond House, South Street, Chichester. Tel: Chichester 83141

LUTON—Newly qualified or experienced assistant, with or without view to partnership required in busy four-man practice. Own laboratory and chair-side assistance. Apply Box No. Guy's Hospital Gazette 1/7.

CHANGES OF ADDRESS

Dr. B. Bancilhon, 197b Bushey Hill Lane, Watford, Herts.

Dr. and Mrs. G. P. Coleman, 96 Bassett Green Village, Southampton, SO2 3NB.

Mr. and Mrs. Constable, Lamorna, 5 Bushetts Grove, Merstham, Surrey. Tel: Merstham 2273.

Surg-Com. D. A. Coppock, R.N., "Fairhill", West Street, Hambledon, Near Portsmouth, Hants.

Dr. E. J. Crisp, High Beeches, Downe Road, Keston, Kent.

Wing-Com. G. T. Crook, R.A.F. 114a Harley Street, London W.1.

Dr. Judy M. Hawker, Baragwanath Hospital, Paediatric Department, Johannesburg, South Africa.

Mr. and Mrs. F. A. W. Schweitzer, 6 The Plantation, Morden Road, Blackheath, London, S.E.3. Tel: LEE 7531.

A. C. E. Seare, L.D.S., R.C.S., Lavender Way, 21 Lloyd Road, Hove, BN3 6NL S/X. Tel: Brighton 51014.

Dr. G. S. Spathis, 6 Michaels Close, Belmont Park, London, S.E.13.

C. W. White, L.D.S., Wellington House, 102 Mill Road, Deal, Kent. Tel: Deal 5293

Dr. E. R. R. Mellon, Camel Quarry House, St. Breock, Wadebridge, Corns.

BIRTH

GILL—In Adelaide to Kay (née Robinson, M.C.S.P.) and David Gill, M.B.B.S., D.C.H., a son, Peter James, a brother for Anthony, Christopher, Nicholas and Andrew.

DEATH

TITFORD—On June 11th, 1968, Keith Roger Titford, B.D.S., of Limpsfield, Surrey.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2087

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Summer

That strange thing, Summer, is at hand. Of this there can be no manner of doubt, for even if the inevitable cyclonic disguise should prove as effective as usual there are certain subtle yet unmistakable signs that mark its presence. The inclusion, for instance, of a cold buffet in the Dining Room menu can only have one meaning, while the appearance of the Park, aqueous yet pastoral, serves but to give the same impression. Moreover, the Nursing Staff, amazingly careless about the casting of clouts 'ere July be out, are taking the cape by the collar and discarding such protection until the appearance of an "R" in the month shall terminate the close season for crumpets. At the same time, the average male of the hospital species in his hurrried adoption of flannel, from which he continues to secure a minimum of personal discomfort during a renewed allegiance to that stationary pastime known as cricket, would seem almost equally anxious to support this ridiculous convention of present warmth and approaching desiccation.

The whole business, in fact, seems to be bolstered up annually as an excuse for the laziness that is to precede the feverish activity of a holiday, or, at the most, is nothing more than a pleasant fiction designed to suggest thirst and cheerfully upheld by all except the unfortunate Editor, who can see in this colossal artefact merely a lean period without copy, a nightmare of cajolery and persuasion, and a disheartening indifference to his efforts that is apt to be colder than any Winter.

A Question of Priorities

We have no wish to pursue our comments of the last issue under this title, but here take the advantage to draw our readers' attention to the Correspondence column in which a letter from the Clerk to the Governors makes haste to dispel the possible alarm of those who are witnesses to the Noise on the Site.

On first looking into Queen's Square

The awful waiting, the cigarette smoking, the dry tongue and the whirling brain; the flights upon flights of stairs, the hush broken only by the scrape of chairs and that most stomach-chilling moment when the paper is turned over. All these add up to those tortures of medieval fiendishness—Exams.

There must be, in Utopia, a more civilised method of assessment of ability, but no acceptable method has yet been put forward here that will take away the terror and the consequent self-misrepresentation that accompany the present system. Until such a Utopian system is devised we shall still troop up to Queen's Square, as did our Fathers, ascend the stairs and regurgitate for three hours before emerging to hold long, pointless, and miserable post mortems among the roses that bloom around Queen Charlotte's statue before, in a frenzy of self-recrimination for this fact left unlearnt and that fact forgot, retiring to one of the "locals".

One day a system of long-term assessment will be accepted. Exams held each month, "on the second Thursday after the first Wednesday in each month", so that they lose their terror and, even then, are used only to support the judgment of those who have observed one at work in and out of the wards. And, perhaps, on that day we shall have lost something. We shall have lost another part of the mystique of the metamorphosis of qualification and the roses. But we shall only miss the roses.

Closure of Entrance to New Guy's House

The contractor for the Tower Block will take over his compound area for the construction of the link accommodation to New Guy's House on **Monday, 22nd July, 1968.** From this date Sparricks Row and the present ambulance entrance to New Guy's House will be closed to all vehicles prior to the demolition of the present entrance. The following arrangements will operate from 22nd July until further notice :—

1. **Traffic.**

A one-way traffic system will operate from 08.00 hours to 19.30 hours from Monday to Friday, and from 08.00 hours to 13.00 hours on Saturday. Entrance to the hospital grounds will be through the gate at the junction of St. Thomas' Street and Great Maze Pond and exit will be via the perimeter road at the rear of New Guy's House and the Weston Street Gate. This route will be signposted. At other times traffic will both enter and leave the hospital via the gate at the junction of St. Thomas' Street and Great Maze Pond.

All vehicles must be driven slowly through the hospital grounds.

2. **Car Parking.**

Car parking facilities will remain unchanged. Access to the car park will be via the perimeter road at the rear of New Guy's House. The parking of cars in the ambulance park adjacent to New Guy's House and on the perimeter road at the rear of the building is strictly forbidden.

3. **Ambulance Entrance.**

Stretcher and wheelchair patients will not be able to use the present entrance to the Accident and Emergency Department. Access for these patients will be through the entrance to Back Surgery on the West side of New Guy's House. Walking patients will continue to use the present entrance.

4. **Pedestrian Access to New Guy's House.**

The present entrance will close on 22nd July and pedestrians going to the upper floors of New Guy's House must use the entrance at the South end of the lift lobby opposite the present entrance to the Accident and Emergency Department.

5. **Internal Arrangements in New Guy's House.**

The porter's station and flower shop will be re-sited in the waiting area opposite the lifts on the ground floor in New Guy's House.

Festschrift for Dr. Forman

The June number of the British Journal of Clinical Practice takes the form of a symposium on Dermatology from Guy's Hospital in honour of Dr. Louis Forman, following his retirement from the post of Physician in charge of the Department of Dermatology at Guy's. This is a rare honour and one that Dr. Forman has richly earned. His fifty years spent at Guy's gave him a wide appreciation of his subject and he achieved a world-wide reputation for his work and keen observation.

Contributions to this symposium, which has been organised by Dr. E. J. Moynahan, have been written by several Guy's men, including Dr. Grimble, Dr. Verbof and Dr. Moynahan, as well as by Dr. Forman's admirers in other hospitals in this country and abroad.

The Practitioner

The *Gazette* joins with all its fellow Medical Journals in congratulating the Practitioner on achieving its centenary. Meanwhile, your Editors have had a small sherry each to celebrate the ninetieth birthday of the New Series of the *Guy's Hospital Gazette*; roll on 1978.

GUY'S DIARY

We offer our congratulations to Mr. T. Kirk, who was coxswain of the University of London Eight which won the Grand Challenge Cup at Henley last week.

JULY

22	M.	1.00	Clinical Lecture, Professor C. B. KERR, M.D., the Consultant Geneticist of Sydney University. "The X-Chromosomes."
25	Th.	1.00	Clinical Lecture, Mr. GLOVER. "Some recent cases."

Agriculture and Medicine

Relationships and Functions in Human Welfare

by

R. Lindsay Robb

> "We put drugs of which we know little into bodies of which we know less, to cure diseases of which we know nothing at all".
>
> *Voltaire.*

Since time immemorial there has been a close affinity between agriculture and medicine. The source of human nourishment is the soil on which the continuity of life depends: human food, in fact, is nothing more than soil fertility, synthesised by plants and animals. Throughout the ages plants have provided many of the remedies for human illnesses and accidents. Many indigenous plants, wild or cultivated, in any environment have special medicinal value for the conditions prevailing in that particular environment. On the purely human side medicine has had — and still has — a strong attraction for sons of the land, and many doctors seek retirement in agriculture.

Today it is increasingly accepted that the most important single factor in health is nutrition and that nutrition is largely dependent on good quality food of pleasing flavour. This immediately brings us into the realm of agriculture — to the chief source of food, which is the land and incidentally the first link in the chain which connects agriculture to the world of medicine.

If food is the dominant single factor in nutrition, medicine should be deeply concerned about the types and quality and the condition in which it reaches the consumer. At present there are no indications of such concern from the medical world.

Almost everywhere in the world today, agricultural policy is based on production of largest quantity in shortest time at lowest cost and highest cash profit. There is virtually no regard for quality — nutritive value — or the future of the land. This is the result of political pressure to make agriculture more efficient in the purely economic sense. Higher and higher production is remorselessly demanded of the farmer to meet the steadily rising demands of an ever increasing population for more and more food and the annually increasing costs of its production. These demands can only be met by increasing the production from existing land and livestock or by acquiring new land.

Professor Robb is Agricultural Consultant to the Soil Association, an independent agricultural research organization.

To what heights can such a policy rise, or to what depths and dangers may it descend before disaster overtakes, through lack of population control?

The Price of Quantity

If by the aids of science and technology annual increases were limitless and so permanently assured, the problem of food supplies and world hunger would be finally solved. But these assurances, unfortunately, are not yet even within sight. There is growing evidence that on many farms further increases from the land are unobtainable through existing means, and this is more pronounced in the case of livestock, since the food-consuming capacity on which increases largely depend is definitely limited. And not only so, but many farmers are of opinion that the increases obtained have now depressed soil fertility, since present yields can only be maintained through increased artificial aid.

Since we rely on the land as the main source of food, it follows naturally that the function of agriculture, basically, is to nourish people and promote health, and that the function of the farmer is to produce the nourishment. Farming is often referred to as a science, an art, an industry, a business and a way of life. While it may well embrace all of these, it is not exclusively any one of them. It is something more than all these, individually or collectively; it is a service, a service to the community to keep the national larder supplied with the food to maintain the population in sustained good health. It is the most important service in the world, because it affects every man, woman and child every day.

The people on the land who produce the food — the farmers, horticulturists and gardeners, and the housewives who select and prepare it for us — are the most important members of the community because they contribute most to the vital necessities of life and welfare, and they deserve to be adequately rewarded.

Community Health

Since the basic function of medicine is also to promote health, there should be the closest co-operation with agriculture. This seems so obvious that complete union at the highest administrative level suggests itself in a single Ministry of Health and Land Use. Some doctors contend that the basic function of medicine is care of the sick but this, surely, is an integral part of the wider function of promoting health.

There are many problems which demand joint action between agriculture and medicine for their solution. From available data we learn that there is an increase in the degenerative human diseases. There is apparently an increase among livestock, and the rapid and widespread increase in the use of toxic sprays indicates a rise in incidence of plant disease. On the evidence of soil erosion and impoverishment of land there may well be an increase in soil sickness. These are treated as separate problems under medicine, animal husbandry, agronomy and soil chemistry, whereas in fact, they are all related parts of the same ecological problem embracing the soil-plant-animal-man relationships.

It is a curious fact that the relationship between human health and soil health, between human malnutrition and soil malnutrition is hardly recognised. In tackling these problems of illness in man or beast, a common approach is to seek specific remedies for specific diseases through drugs, injections, antibiotics and so forth, to protect crops by using specific pesticides to kill specific pests and by engineering works to save the soil from being blown or washed away.

This failure to recognise fundamental relationships, coupled with piecemeal treatment of symptoms, is likely to result in a race between the emergence of new forms of sickness and the discovery of new material to combat them. If so, it looks as if man will be fighting a losing battle.

Our survival and continued existence on this planet depends not so much on the discovery of wonder drugs and pest-killing sprays as on being able to maintain a high level of soil fertility. There is no other known way of meeting the nutritional demands of the future.

It is a truth of history that no civilisation has yet survived which was unable to maintain the fertility of the soil and preserve essential vegetation.

Ministry of Health—Land Use

The fusion of agriculture and medicine within a single Ministry of Health and Land Use would make it possible to begin promoting health at its true foundation, which is the soil. This new administration would be able to estimate, within broad limits, the nutritional needs of the population in terms of food, and how far these could be met within a farming policy based on human health and adequate safeguards for the future of the land.

This, of course, would be a complete departure from the present policy based on bulk production, speed of turnover and highest profit in terms of cash, without regard to quality or maintenance of soil fertility.

Since the new administration would be responsible for the nutritional needs of the people, their responsibilities would not end with the production of food. They would include the processing, preserving, transportation and marketing and such problems as the treatment and return to the land of sewage and town wastes which concern health and fertility.

All organisations concerned would be responsible to this administration for compliance with the regulations governing the processing, transportation and marketing of food. This would ensure that from soil and seed to supermarket the food would not only be of the highest possible nutritive value but would also be free from anything detrimental to health during production and subsequent handling. There could hardly be any higher contribution, to nutrition so fundamental to health.

From all this, one could expect the emergence of a new philosophy of fitness based on promoting health from its source — the soil, with less emphasis on the more negative aspect of curing disease. It seems reasonable to assume that a rising standard of health —* "the faculty for mutual synthesis of organism and environment which is wholeness" — would achieve a corresponding decline in the incidence of disease. To promote health from its source is the foundation of any health service, and the recognition that the problems of health extend far beyond the purview of the medical schools would be a major step in awareness towards a more complete understanding of their nature and implications.

Under this new regime agricultural students would receive tuition on the fundamentals of human nutrition. and the medical schools would likewise teach their students that agriculture holds the key to vital sources of nutrition and health. And the graduates from both fields would realise with a new awareness that to promote and maintain health is a joint agro-medical responsibility, with each having a vital part to play in this crucial aspect of human welfare.

Operating separately, under present conditions, neither agriculture nor medicine can make its maximum contribution to human welfare. Farmers can only survive under existing political and economic pressures by increasing output in terms of bulk. They must increase their sales of produce annually to meet the steadily rising costs of production, and since prices for their commodities are on a basis of quantity there is little or no regard for biological quality which can be an important health factor. It is not the amount of food that matters, but the amount of *nutrition in* the food.

Under present conditions medicine is no less handicapped in making its full impact. It is responsible for the administration of a health service which many doctors regard as no more than a running repair service to cure recurrent sickness. They also consider that they are over-burdened with non-medical duties which impair their effectiveness as doctors. Medicine at present is denied partcipation in one of the major aspects of health — a voice in producing and subsequent treatment of food on which nutrition so largely depends.

Unless the basic functions of agriculture and medicine are recognised as services to promote health and the shackles removed which prevent effective functioning, their respective contributions to human welfare will continue to be limited until they join forces and operate as a single authority.

Husbandry *vs.* Industrial Agriculture

There is a crisis in agriculture today, and there may well be one in medicine too. In agriculture there are two widely divergent views in the approach to farming. The traditional approach to farming is based on husbandry for the sustained high production of good quality crops and livestock commodities and maintenance of the land in good

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***Science, Synthesis and Sanity,** by G. Scott Williamson and Innes Pearse.

heart. Traditional farming, or husbandry, has its roots deep in history with a high record of achievement based on experience and the cumulative wisdom of many years. Virtually all the British breeds of livestock were built up to a standard of excellence which made Great Britain the stud farm of the world. And this great feat of applied intelligence, which surely had the spark of genius, was achieved without any assistance from genetics, which contributes so much to scientific breeding today. There was apparently an awareness, too, of that fundamental truth of history, that sustained high production from the land is only possible if its use simultaneously includes adequate measures for its preservation. Traditional farming — husbandry — has the essence of permanence and continuity.

The modern approach, which is comparatively new, is based on the underlying principle of industrial development — maximum conversion of raw material into finished product in shortest time at lowest cost and highest cash profit. The modern intensive and superintensive systems of farming aim at maximum cash profit from highest quantity of produce in shortest possible time. And since profit is based on quantity, there is no incentive to consider quality or nutritive value.

But there are fundamental differences between agriculture and industry. The raw materials of industry, mainly inorganic, are not self-renewing, and each conversion depletes the stock. Substitutes of course, may be found or produced synthetically to replace exhausted supplies. The raw material of agriculture is life. We cannot create it, and there is no substitute for it. Conserved and fostered within any biologically sound system of land use, it is perpetually self-renewing, but failure here on our part would end all hope of survival.

Again, in industry, manufacturing costs can be calculated with mathematical precision. In agriculture they cannot, because production costs are affected by fluctuating factors beyond calculation for assessment. The cost of producing the same crop on the same farm by the same treatment and management may well vary from year to year and may vary on different fields on the same farm every year. There are no such things as average farms or average men, and it is well to remember that crops and animals don't live on averages.

The crisis in agriculture today is not entirely due to the conflict of views about the respective merits of traditional and modern ways of farming. It goes much deeper, and is, indeed, a conflict between two philosophies — the philosophy of husbandry based on human terms of quality and service, and the modern philosophy based entirely on economic terms.

It is contended by many doctors that there is also a crisis in medicine. They are severely critical about the National Health Service which they regard as a repair service for recurrent sickness rather than a health service. In its present form, the "Health Service" does not promote health except insofar as it provides for the treatment and cure of sickness. Many National Health Service doctors complain that too much of their time is taken up with administrative non-medical duties, which reduce their time and consequent effectiveness for the purely medical services required by their patients. They are also critical of the fact that they have so many patients on their panel that they only know them through fleeting sickness visits, without sufficient opportunity to acquire knowledge of history and background.

A True Health Service

The National Health Service as at present constituted, cannot function according to its title because medicine has no say in the production of food — the most important aspect of nutrition on which health so much depends. Medicine is thus deprived of the means of discharging one of its own major responsibilities. This is an absurd situation which union with agriculture would immediately rectify.

And no health service can succeed without the farmer, since one of its basic needs — food — is unobtainable from any other source.

It is difficult to imagine a more worthy objective in national life than to concentrate on a land policy for health now and in the future. Not only is this an enduring foundation for human welfare but also a complete safeguard for the future of the land and those who will depend on it for their daily bread.

The fusion of agriculture and medicine into the new partnership within a single ministry would herald the dawn of a new era in human welfare. The shackles which prevented complete functioning when operating separately would be automatically removed. Life would be seen as a whole and relationships between population and food production explored for adjustments. Farming as an essential service, with adequate rewards and released from the intolerable burdens imposed by relentless political, economic and population pressures, would concentrate on a policy which not only served the highest human needs but also ensured the future of the land. And the National Health Service would become what its name implies — a service which promoted health from its source, and included all aspects which contributed to, or reacted against, man being in perfect equilibrium with his total environment.

All this is possible and practicable within the foreseeable future, provided that population control equates numbers to be fed with available quantity of food of required quality. A transitional period is necessary to build the bridge required for the eventual union of agriculture and medicine into a single authority. The duration of this period will depend on the vision — or lack of it — of those who are responsible for the factors which promote health or retard it. And the most powerful influence here is neither the agriculturist nor the doctor, but the housewife, — that unglamourised, usually unconsidered factor, who nonetheless has the care and health of all of us in her hands.

The attainment of positive health is one of life's greatest achievements: to promote it in others is one of the greatest contributions to mankind.

CONSULTANT IN PHYSICAL MEDICINE

Hugh Burry

The appointment of Dr. Hugh Burry as Consultant in Physical Medicine is a very happy event for the hospital and for his many friends at Guy's. Hugh Burry was born in New Zealand and educated at Christ's College, Christchurch, a public school with a strong rugby tradition. He quickly showed evidence of his ability on the rugby field, and played in the school 1st XV from 1944 to 1948. In addition he represented the school at swimming, and he was a Fives champion. After leaving college he studied medicine at Otago University in Dunedin, and played rugby for the University 1st XV from 1950 to 1953. In 1954 he went to Christchurch as a final year student and played for Canterbury University and Canterbury Province from 1955 to 1962. With this strong rugby record behind him it is not surprising that he played for the All Blacks in 1960 and took part in the South African tour that year.

After qualifying at Otago University he spent two years in Christchurch doing house appointments, and he then entered general practice. This proved to be a most rewarding introduction to medicine which enabled him to acquire the habit of studying his patients closely as individuals rather than merely as cases. It was during this period that he decided to take up Physical Medicine as a career. After eight years in general practice he became a Medical Registrar at Christchurch Hospital, and passed the Australian M.R.C.P. With the support of the North Canterbury Board he then came to London to expand his training in physical medicine. Dr. Hume Kendall quickly recognised Hugh Burry's outstanding qualities, and he was first appointed a Registrar followed by the post of Senior Registrar in the Department of Physical Medicine at Guy's, and passed the London M.R.C.P. and the Diploma in Physical Medicine.

It was not surprising that Hugh Burry quickly took a keen interest in Guy's rugby. His powers of leadership and his enthusiasm for the game have had a profound effect on Guy's rugby in general and in particular on the standard of the 1st XV which has been greatly improved. The record of the 1st XV during the last season was one of the best we have had, although unfortunately the Hospital Cup still eludes us and remains a challenge.

In his hospital work Hugh Burry has greatly impressed all with whom he has been associated by his sound knowledge of medicine, and his happy relationship with patients. Guy's is indeed most fortunate in having him on the staff, and we all wish him and his wife and three young sons well, and look forward to further contributions from him in the hospital and on the rugby field.

J.S.B.

ANATOMY AT GUY'S

by

Roger Warwick

Development

In 1956 the Department of Anatomy had a total staff of 8, only 3 being permanent professional anatomists. In contrast, 12 members of the department are currently registered for Ph.D.; and during the past year, 4 others obtained this degree. Obviously, considerable expansion and change have occurred during recent years. Although this article is primarily a resumé of current research, a brief account of the scene of these activities may interest Guy's graduates in general. Those particularly whose experience of the pre-clinical departments dates back ten years or more would note much change in Anatomy, as elsewhere, were they to revisit the arena of their early endeavours. Such visitors would be most cordially welcome. Indeed, unless one returns occasionally in this way, it is usual to assume that everything stands still. Much of the current comment on various aspects of medical studies, including anatomy, suffers from this fallacy. However necessary and salutary to the progress and evolution of the curriculum the determination to alter and re-design it may be, it is all too often coloured by the impressions of past student days, and this is especially true of senior committees. Views expressed are consequently to some degree out-of-date and out-of-touch. This alone woud justify some account of changes in our own department of anatomy in recent years. Though the curriculum is not under consideration in this article, it is noteworthy that its anatomical component receives perhaps its most intense criticism from anatomists themselves, some of whom might well cut and re-vamp their subject beyond the appropriate needs of medicine. Much change has occurred in teaching, both as regards methods and content, and this continues.

Growth in staff in Anatomy at Guy's has not been entirely in established posts; these have now almost doubled at 14, excluding honorary lecturers. Overseas postgraduates (usually 3 or 4), research assistants (currently 6), and occasional temporary fellows—supported by local funds, Medical Research Council and other sources—add to the variety and volume of research. Everyone plays at least a small part in teaching.

Professor Warwick is Head of the Department of Anatomy.

During the past decade a purely medical staff—a desirable axis in any medically orientated department—has been strengthened by workers from other disciplines, including, at present, two biologists, two zoologists, one biochemist, and two physicists. This is a phenomenon of the inter-disciplinary nature of much modern research. The consequent inevitable day-to-day laboratory cross-talk widens horizons and spreads specialist information in an invigorating manner.

An honours B.Sc. school was started in 1956. The first student, David Landon, now works in the Department of Neurobiology, Queen's Square, and is an honorary lecturer here. About 45 students have so far passed this degree. The B.Sc. class of 1962 (one member, Peter Peace, being at present a junior lecturer) organized a blood-grouping expedition to the Aeolian Isles. The presence of such youthful intellects in our laboratories is a general stimulus.

Electron Microscopy

Technicians have not multiplied quite as satisfactorily as staff. An establishment of 4 in 1956 has grown to 12; but of these two are attached to the Electron Microscope Unit, two to the dissecting room, and three to the Unit in Dental Anatomy. The remaining 5 are at present augmented by 4 technicians on personal research grants, and two trainees. Two free-lance artists work in the department at present.

In 1961 an electron microscope unit was constructed in the old basement room, where many readers will have done their "brain dissection". (This room was, I believe, the venue of a long extinct operative surgery course.) The instrument (RCA EMU3) was the first of its "marque" in Europe, being bought "off the peg" from an exhibition at Olympia by the generosity of the National Spastics Society. In almost uninterrupted use during the past seven years by workers from over a dozen departments, it has stimulated inter-departmental research and cohesion more, perhaps, than any other event in recent years. A second R.C.A. microscope (EMU4—and again the first of its kind to reach Europe) has just been installed in a considerably enlarged unit, which will be officially opened in July. (This development was made possible by the Dunhill Bequest, Wolfson Foundation, and Sembal Trust.) Our School now possesses one of the finest electron microscope units in London. Doubtless some of the young people at present going through as undergraduates will use it one day, and we hope that all postgraduates in this medical centre will realize its availability to them.

Dental Anatomy

In 1964 a new top floor was built, adding eleven laboratories to a department already "bursting at the seams". This permitted physical transference of a "Unit of Teaching in Dental Anatomy", instituted in 1963, from the Dental School. Thus special dental anatomy joined the general teaching in one department. This unit consists of two professional anatomists, dentally qualified, aided by a senior member of the M.R.C. External Scientific Staff (Dr. W. A. Gaunt). Being completely integrated with the rest of the department, the Unit has materially enriched teaching, both medical and dental, and provides a growing nucleus of dental research.

TV Teaching

The possibilities of improving teaching by closed circuit television has been an interest of the writer since 1957. Since then sporadic trials, both in colour and monochrome, have been carried on with borrowed equipment. Both the B.B.C. and the Marconi company have been most helpful, and most friendly liaison has been established. This year, largely through the help of Marconi, an experimental unit has been established, in which venture we have had the advantage of a visiting Fullbright Fellow, Professor Irving R. Merrill, Director of the Office of Communications, University of California. Four departments have already tried out techniques in their teaching. The equipment is available for any who wish to test its feasibility in other fields.

In 1957 three "professionals" taught and 5 "temporary" anatomists helped. In 1968 ten "pros" and 4 "amateurs" lead the teaching, aided by 4 others. In 1957 only 3 members of the department carried out research; at present a score are actively involved in original work. Apart from major facilities, such as electron microscopy, technical equipment has improved out of all recognition. Much remains to be done, but your department of Anatomy has progressed; *witness the following synopsis of research.*

Research

Professor Roger Warwick, B.Sc., Ph.D., M.D., John Pond, M.Sc., Colin Connolly, M.Sc., and K. J. W. Taylor, B.Sc., M.B.B.S.

This team is studying effects of high-frequency ultrasound upon various tissues, including brain, red blood cells, and malignant tumours. Possible hazards in using ultrasound for diagnostic and therapeutic purposes are under investigation for the Medical Research Council. A highly refined technique for producing small lesions in animals' brains for experimental purposes has been elaborated. Dr. Taylor has already been able to "discourage" to vanishing point a malignant tumour in rats, and has found that ultrasound destroys the transmissability of the tumour. Colin Connolly is collaborating with Norman Gregson in a study of the visco-elastic parameters of cell membranes (already measured for red blood cells) and in particular the membrane system of mitochondria. Our laboratory's equipment, designed and constructed by Messrs. Pond and Connolly, offers a range of frequencies and high intensities probably unequalled in Europe.

Jack Joseph, M.D., D.Sc., M.R.C.O.G.

Professor Joseph is involved in the electromyographic analysis of muscle activity in walking on the flat and on steps, by telemetering techniques. A multi-channel instrument is being developed in collaboration with Mr. W. R. George of the Department of Physics.

Jack Joseph and Mary Dyson, Ph.D., B.Sc.

Professor Joseph and Dr. Dyson are studying the regenerating tissues in experimental "window" injuries in rabbits' ears. The rate of regeneration is faster in males than females and the effects of sex hormones in regeneration are being investigated. Acceleration of regeneration in such wounds in response to ultrasonic irradiation has been established by Dr. Dyson in conjunction with John Pond. The mechanisms of regeneration are being studied by means of histochemistry, autoradiography, light and electron microscopy, and tissue culture.

Peter L. Williams, M.A., M.B., B.Ch., and Susan Hall, B.Sc. (Hons.).

Dr. Williams' primary field of research concerns the functional morphology and growth patterns of nerve fibres, employing combined quantitative ultrastructural and histochemical techniques. His particular interest is in the casual analysis of factors influencing neurogenesis and in the interpretation of structural features of the node of Ranvier, myelin sheath, clefts of Schmidt-Lantermann, etc., in terms of electrophysiology, cell biology and pathology. Susan Hall, B.Sc. Hons. (Anatomy) has recently joined him and uses tissue culture and *in vivo* techniques developed within the department under his supervision, to study the cellular dynamics of nerve fibre populations. Dr. Williams also carries out ultrastructural monitoring of biochemical and other experimentation by colleagues in the Departments of Chemistry and Pathology and is collaborating in the ultrastructural analysis of a number of pathological conditions with members of the Departments of Medicine and Surgery. The Electron Microscope Unit is under his charge.

Norman Gregson, B.Sc., Ph.D.

Dr. Gregson, at one time in our Department of Biochemistry, has returned from two years working under Professor Lehninger in Baltimore, a world authority on mitochondria. He studies aspects of membrane properties related to their molecular structure. Electron microscopy is an essential technique in his work, in which he naturally links with Peter Williams. Another link has developed recently in studying the visco-elastic qualities of membranes by an ultrasonic technique, in which he is aided by Colin Connolly. As a specific part of this research Dr. Gregson is concerned in the separation by ultracentrifuge or other techniques, of lipoprotein subunits from cell membranes, in the expectation of revealing more clearly membrane structure.

Murray Brookes, M.A., D.M., D.L.O., Sebamalar Chandraraj, M.B., B.C.(Ceylon), and Khin U. May, M.B., B.S.(Rangoon).

Bone growth and the vascular factors controlling it are Dr. Brookes' main topic of interest. Blood flow rates, in various regions of living bone, as well as red cell velocities and blood volumes are assessed by radio-active tracer techniques. Micro-focus radiography and perfusion techniques are used to elucidate problems of vascular anatomy in the skeleton. Estimations of pH and respiratory gas-tensions in normal bone sites, and in fractures and in a variety of experimental situations are helping to build a clearer concept of the control of bone deposition and removal as a local phenomenon in the skeleton. Drs. Chandraraj and Khin U May are collaborating with Dr. Brookes in studies of age changes in the skeleton and bone metabolism in tissue culture respectively. Dr. Brookes has a strong link with the Departments of Orthopaedics and Physical Medicine, collaborating with Mr. W. A. Crabbe and Dr. P. H. Kendall in metabolic studies of arthritic bone. They are in process of establishing an Arthritic Research Unit to merge the clinical and basis scientific approaches to the investigation of bone and joint disorders.

Richard Ten Cate, B.D.S., B.Sc., Ph.D.

Dr. Ten Cate is unfortunately leaving us for a Chair in Toronto in the near future. With the help of Dr. Osborn he has put our Dental Anatomy Unit on its feet. His research includes histochemical studies of oral mucous membrane in respect of its regional variations and age changes, the study of factors which initiate epithelial proliferation and the genesis of dentine matrix.

Jeffrey W. Osborn, B.D.S., F.D.S., Ph.D.

Dr. Osborn's field is the structure of dental enamel and of calcified tissues in general. At present he is studying the "brown striae of Retzius" and factors which might induce crystalline orientation. He collaborates with Dr. Ten Cate in histochemical study of oral mucous membrane—particularly age changes.

W. Alwyn Gaunt, B.Sc., Ph.D., M.Sc.

Dr. Gaunt's research is entirely in the field of evolutionary development and embryological differentiation of teeth, particularly in regard to those of humans and small mammals. His approach is highly quantitative, and research includes not only the dental follicle and its derived structures but also associated mandibular problems and patterns of innervations and vascularization.

Lowell Rees, M.B., B.S.

Dr. Rees has returned to us after a short sojourn in South Africa, where he collected the brains of a number of small mammals (chiefly rodent mole and rock rabbit), the brain stems of which he is studying on a comparative basis. He is also collaborating with Roger Warwick in a metrical study of the cytoarchitecture of the abducens nerve nucleus and the fibre-spectrum of the nerve. He is also investigating a combined myelin and Nissl staining technique.

David Turner, M.B., B.S.

Dr. Turner is investigating haemolymph nodes by light and electron microscopy. The aim is to clarify the nature of the vascular arrangement, to determine the organisation of the reticulo-endothelial component and to study the effects of an antigenic stimulus in these nodes.

Nawab Mohammed Khan. M.B., B.S. (Multan), M.Sc. (Karachi).

Dr. Khan is working in conjunction with Roger Warwick on the vascular pattern of the midbrain in man and other primates. Various injection techniques have been used and modified. Apart from data valuable to the diagnostician confronted with brainstem haemorrhages, the work is also revealing interesting details of supply and anastomosis. He will eventually return to his own department of Anatomy in Nishtar Medical College.

Gordon Ruskell, M.Sc., S.B.O.A.

Mr. Ruskell is a reader in ophthalmic physics at the City University. He works on the autonomic nerve supply of orbital structures in primates as a Ph.D. student under the writer's supervision. His experimental work is carried out in the department.

Laurie H. Bannister.

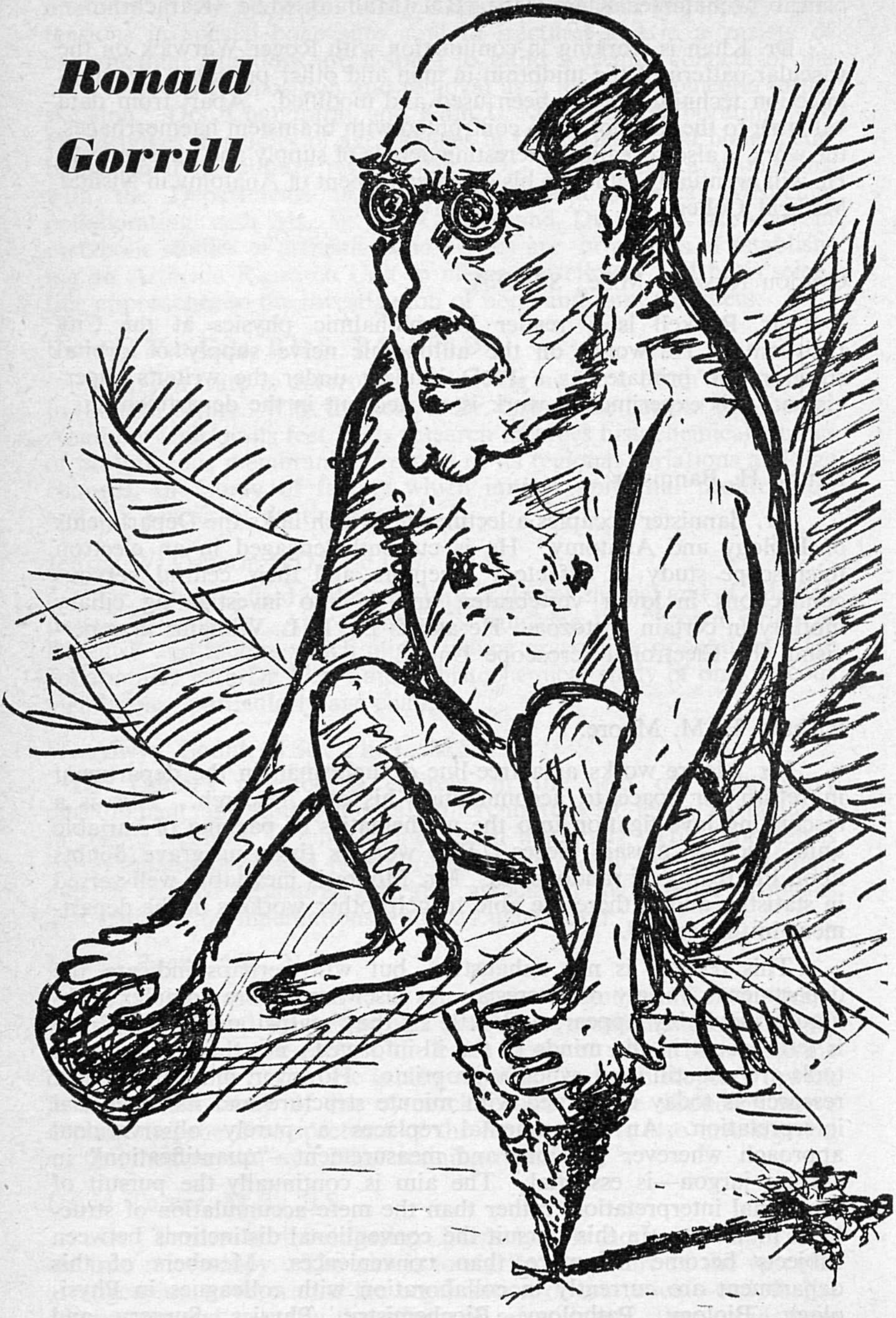
Dr. Bannister occupies a lectureship which links the Departments of Biology and Anatomy. He is currently engaged in an electron microscope study of olfactory receptors and their central nervous connections in lower vertebrates, and is also investigating ciliary motility in certain protozoa. He assists Dr. P. L. Williams in supervising the Electron Microscope Unit.

Richard E. M. Moore.

Mr. Moore works as a free-line draughtsman in the department in return for space to accommodate his own research. This is a fascinating investigation into the mathematics of packing of variable units, such as mosaic pieces. This work is throwing grave doubts upon the reality of randomness. Mr. Moore is inevitably well-versed in statistics and is therefore able to help other workers in the department in this regard.

This resumé is not exhaustive, but will perhaps indicate the department's variety of interests. As elsewhere, more complex techniques inevitably appear, and little of the "scalpel and forceps" era is left, except in the minds of the ill-informed—not that such simple tools are not still used, when appropriate. However, most anatomical research is today concerned with minute structure and its functional interpretation. An experimental replaces a purely observational approach wherever possible, and measurement—"quantification" in current jargon—is essential. The aim is continually the pursuit of functional interpretation, rather than the mere accumulation of structural minutiae. In this pursuit the conventional distinctions between subjects become no more than conveniences. Members of this department are currently in collaboration with colleagues in Physiology, Biology, Pathology, Biochemistry, Physics, Surgery and Orthopaedics.

Ronald Gorrill



NOTICES

Photographic Society

During the week commencing Monday, 17th June, the Photographic Society held a very successful competition in the Gordon Museum.

It was encouraging to see so many varied exhibits, from both staff and students; the standard of the majority was extremely high.

The Society would like to thank Professor Foxon, Messrs. Hurt and Rytina, for judging the competition; Mr. P. Harris, of Gordon Cameras Ltd., and the Departments of Medical Illustrations and Dental Photography for kindly donating prizes; and the Curator and Staff of the Museum for their help.

The prize-winners were:

Black and White: P. Ticehurst.
Colour: A. Chalmers.

Students' Physical Society

The next meeting of the Pupils' Physical Society will be held in the Pre-Clinical Classroom at 5.30 p.m. on Thursday, 25th July. A variety of skin conditions will be presented and discussed.

Guy's Hospital Biennial Dinner

This year's Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on Friday, 4th October, 1968, at 7.0 p.m. for 7.30 p.m. The Chairman will be Nils L. Eckhoff, Esq., M.S., F.R.C.S.

The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and to renew the friendships of their student days.

It will be appreciated if Guy's men and women who intend to be present will apply for tickets (£2 2s., made payable to Guy's Hospital Biennial Dinner as soon as possible to the Hon. Secretatry, Biennial Dinner, Guy's Hospital, London, S.E.1 (Tel: Hop 7600, Ext. 341, 342).

F. N. Glover, Honorary Secretary.

Sir Astley Cooper Bicentenary Dinner, Norwich
Saturday, 28th September, 1968

The Guy's and St. Thomas' East Anglian Societies are holding a combined dinner at the Royal Hotel, Norwich, on Saturday, 28th September, 1968, to celebrate the birth of Sir Astley Cooper at Brooke, Norwich, in 1768. The dinner follows the Annual Meeting of Fellows and Members of the Royal College of Surgeons of England in Norwich from September 27th–28th, 1968. Professor Sir Hedley Atkins, K.B.E., will preside at the dinner and Sir Patrick and Lady Astley Cooper have been invited as guests of honour.

The dinner is for those Guy's and St. Thomas's men who are resident in East Anglia or who are attending the Norwich meeting of the Royal College of Surgeons of England. They are invited to bring their ladies to the dinner. The accommodation is limited so that if the dinner is over-subscribed applications will be dealt with in the order that they are received. Further particulars and a form of application for the dinner are obtainable from Dr. A. Batty Shaw, 41 Newmarket Road, Norwich, Nor 22 D.

On Sunday, 29th September, 1968, at 10 a.m., a Memorial Service for Sir Astley Cooper will be held at St. Peter's Church, Brooke, seven miles from Norwich. Sir Astley Cooper was christened in the parish church of St. Peter, to which his father was then curate. The Rev. G. Hurst and the Brooke Parochial Church Council would welcome the attendance at this service of any Guy's men.

CORRESPONDENCE

SIR,—Nurses are being urged to put their thoughts into writing, so now that the heat is cooling off re alleged discontented nursing staff in a hospital where vast sums of money have been spent on modernisation and where the ratio of nurses to patients is far in excess of the majority of hospitals, it might be time to write in defence of Hospital Management Boards.

As in any home or business, there is a limit as to what can be drawn out of the kitty. Hospital Management Boards have the responsibility of running their own hospitals.

It is the duty of the Matrons to supply the Boards with nurses of quality and in quantity to enable them to run the hospitals efficiently. Hospital Matrons have always reigned supreme. In the past they worked long hours exclusively in their own hospitals building up the British way of nursing where the patient came first. Hospital Matrons are now cogs in the wheel of the National Health service.

But of the 42-hour week, which they introduced, time is spent sitting on committees outside their own hospitals. It must be difficult for them to find time to be aware of or be interested enough in the changing scenes in their own hospitals.

In this world of changing values, time will show if they have mistakenly relied too much on tradition and moral attitudes to attract and keep the young women to nurse training and filling trained nurse posts in hospitals.

The young students come from homes equipped with labour-saving tools and methods which enable more work to be done by fewer pairs of hands.

Industry has played its part, often at great cost in developing new ideas to cut down basic repetitive ward work only to find these new ideas vetoed by Matrons because of personal prejudices.

A survey is now going on in Edinburgh University collecting evidence from these firms who are feeling bitterly frustrated.

The Matrons have chosen the alternative methods of bringing in more and more ancillary staff to help with nurse duties and to deal with the greater patient turnover due to the advanced methods in modern surgery and medicine. These have added to the pay roll, but have not always been to the benefit of the patient. Trained staff are constantly changing and more and more agency nurses are having to be brought in at great expense to the Boards.

The Ward Sisters who are and always will be the backbone of the hospital service are angered by the chronic understaffing in their wards.

They can find little time for the practical teaching and supervision of students which used to be given. The student nurses are being used far too often in positions of responsibility they are not qualified for, and are also being used as a cheap pair of hands. It is no wonder that the student wastage remains consistently around the high level of 40 per cent, most of the wastage in the first few months of training. The cost to the Boards of the first three months of training each student nurse is £380. Where 700 students are in training, the total can be no mean sum.

The clue to more satisfied hospital nurses lies in concentrating efforts on the lower reaches of nurses. Surely it is not impossible to provide conditions which are suitable and which will still attract and keep young girls of quality and quantity who are still eager to nurse. Pay is important, but not the most important thing or they would never choose nursing as a career.

Their chief grievance is against the dictatorial system which has served its purpose, but is now useless. Nursing needs help to put its own house in order. It will be very short-sighted on the part of the hospital Matrons if they do not welcome lay consultants with wide management experience. In their help may lie the salvation of British nursing.

Yours, etc.,

MARY GRANT

The Cowdray Club,
Cavandish Square,
London.

Tower Block Noise

SIR,—In your issue of the 6th July, 1968, you commented on the Tower Block building works under the heading "A Question of Priorities". As the information you gave is wrong in so many respects, I should be grateful if you would print this letter.

The building contract for the Tower Block includes provisions for avoiding noise, and in particular lays down that noisy work shall not be undertaken between the hours of 8 p.m. and 8 a.m. without written consent. No such consent has been given.

Although of course the contractor will try his best to avoid incurring a penalty if he seems unable to complete the whole contract on time, the Hospital still have the final word in whether he may work at night to catch up lost time. Before he was given permission to do so, the views of the Superintendent and Matron would be sought, to avoid the risk of people being disturbed.

If the contractor were then given permission to work at night, he would not be paid extra for working longer hours.

Patients certainly "have an effective representative to plead their cause" in the Sister in charge of their ward, or if the matter is not urgent, they can write direct to the Board. Matron's Office has an Assistant Matron with the Tower Block Project Team, and the medical staff and resident students can make their views known through the Superintendent. In each case action can be taken very quickly.

If, in spite of these arrangements, there is noise at night that must be stopped at once, the Night Superintendent has the home telephone number of Mr. Hague, the project secretary, who is quite prepared to come on site at night if necessary.

Yours, etc.,

A. H. BURFOOT,

Clerk to the Governors.

Counting House,
Guy's Hospital, London, S.E.1.

The Spirit of "Un Homme et une Femme"

SIR,—I should like to reassure Mr. Tim Gould and Mr. Russell Cowan that it has never been the intention of the nurses to 'take over' the East Wing, particularly the Spit. We realise this service is already under pressure, and see no point when our own dining room provides similar food without an actual cash transfer!

The whole question of associate membership of the Club's Union for the nurses, was originally raised by a representative of the students in 1967, the implication being that the nurses were using available facilities without actually contributing much themselves.

I agree with Mr. Cowan that the majority of the present senior nurses are "lost" to the Students' Club. However, it has only been during the last year that the new nurses have had the opportunity to meet the club secretaries at the informal coffee evenings, which are now an established feature of the nurses' first week at Guy's. My contemporaries had no such introduction to life at Guy's, and surely cannot be blamed for lack of interest at this stage?

These junior nurses are next year's senior nurses; don't discourage them now, Mr. Cowan, or in 1970 yet another representative of the students will be starting the whole issue yet again.

Yours, etc.,

JOANNA E. PEACE,

Social Secretary.

Nurses' Home,
Guy's Hospital, London, S.E.1.

The Rev. Doubleday

SIR,—I think it will interest many of your readers to know that Mr. F. N. Doubleday's name was entered in the Dentists' Register on 3rd July, 1908, sixty years ago. The Reverend Doubleday; we know him more comfortably as Freddie, is well known to generations of Guy's men and keenly interested in everything and everybody to do with Guy's. He recently presided at the Guy's Alumni Lunch at the B.D.A. Conference at Brighton. His innumerable friends will wish to offer him their congratulations and felicitations on this anniversary.

Yours, etc.,

JAMES MANSIE

112a, Harley Street,
London, W.1.

Nick Longhurst

SIR,—After my speech at the end of this last Theatre Club production, I realised that I had forgotten to publicly thank my co-producer. I should like to take this opportunity to do so, although I cannot fully compensate for my glaring lack of tact.

Without his help, the production could never have been staged. His was the stamina in the slow and difficult periods, and often the inspiration when things were going well. When I was admitted to John Ward with glandular fever, a week before the production was due, he maintained the momentum and took over where I was forced to leave off. I am truly glad that my production was blessed with such an efficient and industrious co-producer.

Yours, etc.,

DAVID RICHARDS.

East Wing,
Guy's Hospital.

The Brown Report

SIR,—The letter signed by Messrs. Blinkhorn and King (*Guy's Gazette,* June 8th), points out that the British Dental Students' Association did not submit evidence to the Brown Committee, set up by the Secretary of State for Scotland and the Secretary of State for Education and Science.

The reason for this was that the B.D.S.A. was not invited to do so, nor was it invited to complete any form of questionnaire. This is indeed regrettable, and somewhat surprising, particularly as, in recent years, B.D.S.A. has been in frequent communication with The Department of Education and Science, concerning the special circumstances of dental students, with regard to grants. In fact, only recently, a B.D.S.A. delegation was received at the Department by a senior official.

I must assure your readers that B.D.S.A. is only too aware of the discrepancies in dental student grants, but would also point out that the main problem to be faced is the collection of information from its membership. On the various occasions when information has been sought, in order to present a case to the Ministry, there has been considerable delay and apathy on the part of the students, in supplying it.

With regard to the other matters raised by your correspondents, B.D.S.A. is all too conscious of the problems in continuity and communication. However, active steps are being taken, which will do much to rectify them. These will form the basis of discussion at the Annual Conference in Dundee, which I hope will be attended by a large delegation from Guy's, including Messrs. Blinkhorn and King.

Yours, etc.,

K. W. MALIA,
Hon. Secretary, B.D.S.A.

East Wing,
Guy's Hospital,
London, S.E.1.

Guy's Directory

SIR,—A letter has been sent to all Guy's trained dental surgeons at their last known address asking them to provide details of themselves for inclusion in the forthcoming new edition of the Guy's Directory. If there are any who have not received this communication, I shall be grateful if they will let me know as soon as possible.

Similar letters will be sent to Guy's medical graduates during the course of the next three weeks.

Yours, etc.,

F S. WARNER.

Medical and Dental Schools,
Guy's Hospital,
London Bridge, S.E.1.

By a Woman?

SIR,—I note, with some justifiable astonishment, that the present issue of " Men Only " survived for fully three days before being purloined from the East Wing. Is this a record?

Yours, etc.,

J. K. SKUSE.

East Wing,
Guy's Hospital, London, S.E.1.

Winifred Wallis

SIR,—May I express, through your column in the *Gazette,* my sincere thanks to all those who so kindly contributed to the most generous gift presented to me on my retirement from the Guy's Hospital Ladies' Association.

I shall always remember the kindness shown to me during the 20 years I have spent with the Association.

Yours, etc.,

WINIFRED WALLIS.

220, Pickhurst Rise,
West Wickham, Kent.

NURSING SECTION

Why are you so proud?

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

No man is an island; united we stand, divided we fall: appears to be the order of the present day.

The disadvantage of attempting to write for any registered publication is that any article is left open to unscrupulous misuse by being quoted out of context. However, in an attempt to plead the need for professional integrity, it must be pointed out that recent events have occurred because pride in our profession necessitates foresight into the comfort of the patients and into the education and conditions of our student nurses. In a hospital so potentially rich for the education of its nurses it seems a great pity that the only courses that can be run are those for S.C.M., R.S.C.N., and R.M.N. These qualifications have been offered to nurses for many years now. Yet the patients and the medical profession expect nurses to be more highly qualified now than ever.

We are proud that our hospital is now building a new Tower Block. We will be honoured to work in such a block when it is finished. We are sorry, however, that after the champagne has finished flowing the quality of the nursing education that is being offered now will be relatively unchanged then.

It is appreciated that with any new project time is an essential factor and that implementation of any nursing change must be prepared to lie in the "pending" tray for about twenty years.

What seems so strange is that everyone seems to be prepared to sweep these facts under the carpet and put it down as hysterical noises of the minority. Probably our type of work causes us to be "fence sitters", but this is no longer possible in this day and age. While one abhors the washing of dirty linen in public, yet it must be acknowledged that the publication of facts is necessary to lead the people most concerned into the right frame of mind.

Perhaps when tempers have cooled then the resignation of Miss Johnson may lead to the advancement of nursing both within the profession itself and within Guy's Hospital.

The Annual Nurses' Ball.

The Nurses' Ball was held as usual this year at the Grosvenor House Hotel. The guests were received by Matron and Dr. and Mrs. Fairlie. Also there in the reception line were: Mrs. I. Brooke, Mr. and Mrs. Warburton, Miss Mortlock and Mr. MacCrae.

The dinner was very good this year, and afterwards a bouquet was presented to Matron by S/N D. Budd, who is Secretary of the Nurses' Representative Council. A gift from the Staff Nurses and Student Nurses of a silver cigarette box was presented by a representative of the most junior set, Nurse Calloway.

The main speech of the evening was then given by Mrs. I. Brooke.

In her speech, replying, Matron thanked all the nurses for their present, and said how pleased she was to be there. Matron went on to say that she hoped something good would come of all the changes that were about to take place. Matron offered some advice to the nurses—they were never to forget that people came first.

In the dancing that followed the dinner, it was noticed that the band was not quite up to its usual standard and that the steel band of last year was much missed.

However, it was a very successful evening and we are all very grateful to the Governors for their kind invitation to the Ball and hope that this will be repeated next year.

STAFF CHANGES AND APPOINTMENTS

June—July, 1968

DATE	NAME	APPOINTMENT LEFT	APPOINTMENT TO
1.7.68	Sister A. Sturzaker	Charge Nurse, School of Nursing	Sister, Addison Ward
1.7.68	Sister G. Cawthorn	Sister, Transplant Unit	Sister, Patience Ward
1.7.68	Sister S. Chandler	Staff Nurse, Evelina Hospital	Sister, Rothschild Ward
8.7.68	Sister B. Pyle	Relief Sister, Evelina Hospital	Sister, Caleb Ward
8.7.68	Sister, M. C. Davidson	Charge Nurse, Nuffield House	Sister, School of Nursing
13.7.68	Sister E. Montgomery	Sister, Christopher Ward	Night Sister, New Guy's House
15.7.68	Sister S. Mortley	Returning to Guy's Hospital	Sister, Christopher Ward.
22.7.68	Mr. P. McCaffrey	Night Charge Nurse, New Guy's House	Charge Nurse, Luke Ward
22.7.68	Sister W. Howell	Sister, Nuffield House	Night Sister, Nuffield House and *New Guy's House, Relief*
24.7.68	Sister C. Shaw	Staff Nurse, Nuffield House	Sister, Nuffield House

RETIREMENT

Mr. Frank Robinson, who served Guy's for 30 years, has retired at the age of 62.

"Robi," as he was popularly known by his colleagues and the nursing staff who had regular contact with the central stores, started in Guy's in the upholstery shop in 1938. Like most people of his age, he broke his service with Guy's to join the army during the war.

During the war, Mr. Robinson was a first-class paratrooper.

When he returned to Guy's after the war, he started work in the engineering stores and later on moved into the general stores department.

Mr. Robinson's departure has left a vacuum in the supplies department which will take a long time to fill. His good services will, no doubt, be remembered for a long time.

Quoting one of his colleagues at a small farewell get-together party last week at the central stores: "Frank, you have been a faithful worker and a wonderful foreman. I am sure we shan't find one like you."

To acknowledge the good services of Mr. Robinson to the hospital, he is to receive a present from the Board of Governors of Guy's Hospital. On retirement, Mr. Robinson held the post of the Senior Storekeeper in the central stores.

We all join in wishing Mr. Robinson a long and happy retirement.

SPORT

The Notices Column four weeks ago announced a competition for the design of an exclusive Rugby Club tie. As there have been rather few entries for this, perhaps it should be brought to readers' attention once more. Designs should be of full size, preferably in colour, and sent to Dr. G. M. Preston in the Department of Physiology. Any reader of the *Gazette* may submit a design. The winner will receive a free ticket to the 125th Anniversary Dinner to be held at the Grosvenor House Hotel on October 30th, 1968.

In a recent U.H. athletic match held at Sandhurst against R.M.A., Sandhurst, Friday Nwator won the 100 yards in an excellent time of 9.8 secs. This noteworthy performance was not wind-assisted, and also achieved in the presence of A.A.A. time-keepers, so Nwator is submitting this time for official ratification.

THE ANNUAL STAFF v. STUDENT GOLF MATCH

at Huntercombe Golf Club, on Sunday, 7th July

The match was again played in foursomes off handicap, with the foursomes pairings changing in the afternoon. On the first tee at 9.30 a.m. it was apparent that everyone's golf was a little shaky. In the first match the top student pairing of D. Davies and D. Elliott was not good enough to beat the golf of Professor Cohen and Mr Lewys Lloyd. D. Elliott's golf was not up to its usual standard. Dr. Seward's and Dr. Dow's combination of local knowledge and competitive experience overcame the challenge of F. Foster and A. Phillips. In the third match the students played better golf with V. G. Williams' driving being a prominent factor in their win over the President and Vice-President. In the fourth match the result was flattering to the students and not really representative of the golf. At the eighth hole after hitting Dr. Mackenzie's drive out of bounds, Dr. Houston told his caddie, " Don't bother to look for that ball ". Dr. Mackenzie was heard to say, " Don't bother, it's my ball ". In the fifth match the students were again beaten by better golf. At lunch the score was one match lead to the Staff.

In the afternoon matches the Staff beat the students in the first two matches. The effects of lunch told more on the students. In the third match, Dr. Maclean and Professor Trounce established an early lead and were five holes up at the 12th tee. The students recovered to halve the match. Dr. Dow and Dr. Mackenzie overwhelmed R. Smith and V. G. Williams. The fifth match resulted in the only win for the students in the afternoon. The students would like to thank the Staff for a most enjoyable day.

Morning matches—

Professor S. Cohen and Mr. Lewys Lloyd/D. Davies and D. Elliott: won 5—3.

Dr. E. C. Seward and Dr. Dow/A. Phillips and F. Foster: won 4—3.

Mr. R. H. F. Brain and Dr. K. S. Maclean/V. G. Williams and J Mackenzie: lost 3—2.

Dr. I. Mackenzie and Dr. J. C. Houston/N. Curry and R. Smith: lost 8—6.

Mr. Lewis and Professor J. R Trounce/J Ross and M. Knight: won 4—2.

Afternoon matches—

Mr. Lewys Lloyd and Dr. E. C. Seward/D. Davies and A. Phillips: won 2—1.

Mr. R. H. F. Brain and Professor S. Cohen/D. Elliott and F. Foster: won 4—3.

Dr. K. S. Maclean and Professor J. R. Trounce/N. Curry and J. Ross: all square.

Dr. Dow and Dr. I. Mackenzie/V. G. Williams and R. Smith: won 6—5.

Dr. J. C. Houston and Mr. Lewis/J. Mackenzie and M. Knight: lost 3—2.

Staff won 6½—3½.

N.C.

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ATHLETICS

INTER HOSPITALS ATHLETIC CHAMPIONSHIPS

Motspur Park, 29th June, 1968.

Guy's took a strong team to the meeting, only missing Alan Ross who was taking finals, and Malcom Bates, who fell foul of the rail strike. This was in itself very gratifying, and we much appreciate the valuable time given up by the qualified men George Edwards, Peter Peace and Andrew Winskill, who with little recent practice still competed with such ability that they each took first places. Nicely balancing this, the freshmen, Barry O'Keefe and Barry Jones, both achieved personal best performances, and they, together with John Shutes, Richard Walsh and others should form a useful team in coming years.

Friday Nwator hurtled down the short sprint to equal the championship record and avenge his defeat last year by Mitchell of the Royal Free. Guy's gained first and second place in the 220 yards. Don Barford produced his best form at just the right time, and John Price followed him in some four yards behind.

The 440 yards hurdles was won comfortably by Ian Morgan, in a very fast time, for which he was awarded the trophy for the best track performance. Unfortunately he strained a muscle in the high hurdles and was forced to pull up whilst leading in the 440 yards as the injury worsened. However, a few minutes later, Dr. Morgan (father of Ian) strode home winner in the Consultants' walk. Afterwards, Ian rather ruefully admitted that he has just recently achieved the same best time over 100 yards that his father once attained. David Choat and Barry Hartley showed they had recovered from injury and won their events. In the distance events Brian Smith and Geoff. Harild gained valuable points.

The tug-of-war team, despite expert coaching from Mr. Tomkinson, were heavily outweighed by an enormous team of eight Bart's beer drinkers. Finally both relays were won, the 4 x 100 yards in a new championship record.

Thus a successful season was concluded. Guy's have won the London University Championship and Winter Relays, and the United Hospitals Championships and Relays and Field Events Competition.

J.F.P.

Results:

100 yds.—1, F. Nwator, 10 secs†, 3, D. Barford, 10.3 secs.
220 yds.—1, D. Barford, 22.2 secs; 2, J. Price, 22.8 secs.
440 yds.—2, O'Keefe, 51.5 secs.
880 yds.—1, D. Choat, 1 min. 59 secs; 5, B. Jones, 2 mins. 4.6 secs.
1 mile—4, B. Smith, 4 mins. 49 secs; 6, G. Harild, 4 mins. 53 secs.
1½ mile Steeplechase—3, B. Smith; 5, G. Harild.
High Jump—2=, J. Shutes, 5′ 5″; 6, A. Godfrey.
Long Jump—4, F. Nwator, 20′ 3″; 6, J. Shutes, 19′ 2″.
Triple Jump—5, R. Walsh, 38′ 11″; 6, A. Godfrey.
Shot—1, P. Peace, 42′ 10½″; 4, J. Price, 34′ 1″.
Discus—1, P. Peace, 117′ 2″; 4, G. Voss, 96′ 4″.
Pole Vault—2, P. Bundred, 9′ 6″; 4, G. Edwards, 9′.
Hammer—1, G. Edwards, 115′ 6″; 3, P. Peace, 85′ 9″.
Javelin— 1, B. Hartley, 173′; 3, G. Edwards, 153′ 8″.
120 yds. Hurdles—1, A. Winskill 16.2 secs.; 2, I. Morgan, 16.3 secs
440 yds. Hurdles— 1, I. Morgan, 53.8 secs.; 3, P. Bundred, 59. 3 secs.
Tug-of-War—Barts beat Guy's 2—0.
4 x 110 yds, Relay—1, Guy's (Price, Bundred, Barford, Nwator).—44.1 secs.*
Medley Relay— 1, Guy's (Barford, O'Keefe, Price, Choat), 3 mins. 42.3 secs.

† Equals record * New record

CRICKET

GUY'S v. MOTE C.C.

Saturday, 29th June,at H.O.P.

Lost. Mote, 226—6 dec.; Guy's 197 (Clark 58).

Mote provided one of the best games Guy's have had this season. D. Sayer the ex-Kent fast bowler was playing, adding strength to their already strong side. Mote won the toss and had made 120 by lunch-time. They failed to capitalize on this score after lunch, and only added 106 in 90 minutes, when their batsmen seemed afraid to take any risk even against the slow bowling.

Sayer bowled quickly against the opening batsman and Gillham was bowled by a particularly fast ball. Goodhart batted very well against this attack, and scored 43 before being caught off Sayer. John Crafts batted carefully scoring a useful 28, so by tea, Guy's were 60 for 2, needing 160 in the 110 minutes left. After tea, Silk pounded Sayer over his head several times, and Clark punished their off-spinner and batted aggressively to score 58. With 60 minutes left, 80 runs were needed with 6 wickets standing. Sayer returned to bowl, and his second ball popped up and Clark was forced to lob a simple catch to second slip. Soon after this, Appleby was bowled attempting a big hit. Sayer proved a little too fast for the tail-end, and he mopped up very effectively, although D. Crafts held out stubbornly and was 20 not out at the close.

This was an exceptionally fine game of cricket with only 29 runs separating both sides, unfortunately the pendulum finally swung against Guy's.

C.R.P.

GUY'S v. QUEEN'S UNIVERSITY, BELFAST

Wednesday, 26th June, at H.O.P.

Match drawn. Q.U.B. 208—3 (Crooks 111, Cray 71), Guy's 120—9 (Silk 65).

With threatening clouds over H.O.P., Queen's University, Belfast went into bat on a rather green wicket. Two wickets fell rapidly, and Cray, who eventually got 72, looked most unsteady to start with. However, he and Crooks batted magnificently against the battery of Guy's pace bowling. Their running between the wickets was first class, and this was the main reason such a fast scoring rate was achieved. Goodhart had a difficult task in bowling his off-spin against batsmen going so well; Crooks played some excellent back foot shots off his bowling. The Queen's innings was ended by a magnificent six over the trees and first bounce on to the houses opposite the pavilion.

A pretty demoralised Guy's side took tea with the thought of 209 to score in 130 minutes. Gillham was caught at mid-off, misdriving the third ball of the innings. This trend continued through the rest of the side, with batsmen taking undue risks. The exception was David Silk, who batted very " professionally", finally scoring 65. Neville and Fordham played out the last few minutes, when Fordham showed that no amount of pressure deters him from his forward prod.

Team: Clark, Pearson, Crafts J., Crafts D., Gillham, Goodhart, Neville, Silk, Appleby, Fordham, Kelleher.

FOOTBALL

GUY'S TOUR TO HOLLAND,

May 17th—22nd, 1968

After a lapse of six years, Guy's Soccer Club took a party of 16 players and two officials to Maastricht, Holland, at the invitation of their hosts, M.B.S.B. (the local sporting organisatoin) as part of their 20th anniversary celebrations. For all of us it was a chance to meet friends from previous years and to play some entertaining football. For certain members of the team it was also a chance to indulge in a physiological exercise in studying the effects of intake of alcohol and lack of sleep.

More by luck than judgment, all members of the party, including our new Vice-President, Mr. Graham Ross, managed to catch the boat train at Liverpool Street. The boat trip itself was uneventful apart from the fact that the boat had a permanent list to starboard, which had a deleterious effect on the more fragile members of the party! On arriving at Maastricht, we were overwhelmed by the reception given to us that evening, although we were sure the following morning that this was part of the pre-match tactics. The Saturday morning involved a pleasant walk to the local cement works, where we met members of the teams from other countries that were taking part in the Tournament (Holland, Germany, Belgium.)

The Tournament was held in the local Sports Centre and we were drawn in the second league with Tout Venant (M.B.S.B.), Cox Geelen and Phillips Eindhoven. Our first match was against Tout Venant, and despite intensive training during the previous few months, we were soundly beaten 4—0. Guy's had started quite well, but met with some difficulty regarding the very strict interpretation of the offside rule by the Dutch referee. In the runners-up final, we met Cox Geelen, a much poorer side, but by this time the effects of travelling, *mal de mer,* and the late night, were beginning to take their toll, and Guy's succumbed 4—2.

Undaunted by the two defeats, Guy's proceeded to drown their sorrows at the very fine reception laid on by M.B.S.B. Our efforts did not go unrewarded, and we were presented with a very fine commemorative medal, and were commended for our fair play. Eventually the group split up, accompanied by members of the Tout Venant team, and went their diverse ways to sample the local night life, astounding stories of which were duly accounted at the next day's breakfast.

Sunday involved a visit to the local hospital, which boasts some of the best operating theatres in Europe, and a match against the Hospital team, V.V. Annadal. An increased blood alcohol level obviously inspired Guy's to a good performance, for we romped home to the tune of 4 goals to 1. We were then treated to a superb lunch at the Hospital, and returned to our hotel to prepare for the evening's festivities.

The football having finished, the rest of the tour consisted of a perpetual round of entertainments laid on by our hosts. On the Monday we visited the E.N.C.I. cement works and were entertained to an excellent lunch in one of the local restaurants. The Farewell Dinner on Monday night given by Tout Venant excelled anything we had imagined possible regarding food, organisation and hospitality.

We finally left Maastricht on Tuesday morning with many thanks and promises of reunions in future years. The rest of the day was spent sight-seeing in Rotterdam, and we took the Hook of Holland Harwich night boat.

In all respects, the tour was a great success, the hospitality and generosity of our hosts being overwhelming. The accommodation was excellent, food at all times superb, and the drinks plentiful and pleasant. Part of the success was surely due to the impeccable organisation of our hosts, where we had something to do all the time, yet individual tastes were catered for. Although our results were not good, the games furnished many useful pointers to improving our football for next season.

Notable among the Guy's contingent, on and off the field, was John Wood, who combined his considerable talents as goalkeeper, mountaineer and chef to the advantage of many members of the party. David Lindridge, as always, was an admirable captain and spokesman, and our thanks must also go to Mr. G. Ross for his great diplomacy and leadership. Mr. S. Docherty, our trainer, also accompanied us on the trip, and we are grateful for his help not only here, but also throughout last season. The travelling arrangements were carried out with unbelievable co-ordination due to the magnificent organisation of Bob Davey.

Provisional dates for a return of Tout Venant to England have already been fixed, and we look forward to returning the wonderful hospitality we received.

The following went on tour: Mr. G. Ross (Vice-President), Mr. S. Docherty (Trainer), M. Carter, R. Davey, S. Edwards, E. Elias, P. Epps, D. Jacobs, R. Leeburn, D. Lindridge (Captain), R. Lovell, I. McClure, S. Milnes, S. Poole, K. Taylor, M. Taylor, M. Watson, J. Wood.

WATER POLO

GUY'S v. ROYAL MARINES

Portsmouth, 7th July

Result: lost 7—10

As John Wood was taken to hospital the evening before the match Guy's arrived at Portsmouth one short, but the Marines kindly lent one of their players.

The bath was fairly small, which meant less swimming than usual and a fast high scoring game. Despite the spontaneous riposte of their pre-match war chant with a rousing chorus of "Guy's patients" the Marines scored frighteningly early. But they did not find it so easy for the rest of the game, as Guy's played one of their best games of the season, with Challacombe again the outstanding scorer. At half-time the score was 5—5 and the result was very much in the balance, but the Marines pulled away to a 3 goal lead before the final quarter and this proved just too much to catch.

Team: Howard, Foulds, Williams, Adkins, Northcott, Challacombe.

GUY'S v. OLD MID-WHITGIFTIANS

Result: lost 4—5

After their recent fine performance against the Royal Marines, Guy's were expected to improve on the draw achieved when last the two teams met. However, Guy's didn't win, and on the run of the play surely deserved to do so, allowance can be made as several of the regular team were burning midnight oil in honour of, amongst other things, imminent exams.

Mid-wives began at at a brisk pace and with some pretty approach work, ably assisted by some disorganisation in the Guy's defence, soon scored two goals and added a third in the second quarter. However, two of the few chances that Guy's had were converted to trail only by 3—2 at half-time. In the second half the Challacombe—Northcott understanding again paid dividends in the form of two more goals which didn't quite achieve the result we were looking for. Nevertheless, an enjoyable game was had by all, and particularly by P. Williams who played well in only his second senior match. Scorer: Challacombe (4).

Team: Adkins, Challacombe, Howard, Northcott, Williams, Wright.

S.J.C.

HOSPITAL INFORMATION

PASS LIST

ROYAL COLLEGE OF SURGEONS
F.D.S.

Elizabeth King-Turner

COLLEGE OF PATHOLOGISTS

Primary

P. R. G. Needham

Final

J. R. Daly
T. N. Stanbridge

UNIVERSITY OF OXFORD
2nd B.M.

Medicine, Surgery and Midwifery

*J. P. Miller
*J. Reeve

Pharmacology and Principles of Therapeutics

A. J. French
A. G. Samuel Gibbon

General Pathology and Bacteriology

T. H. P. A. Davies
A J. French

UNIVERSITY OF CAMBRIDGE
M.B.

Principles and practice of Physic

*C. G. Barber
*J. D. Boxley
*A. Calin
M. J. Cheesbrough
*D. F. Hewat-Jaboor
*J. Hibbert
H. J. Rogers
*G. A W. Ross
*G. D. Schott
*P. G. F. Swift
*D. G. Thomas
*A. A. G. Thomson
*G. W. M. Thomson
*D. J. Watkins

Principles and practice of Surgery

*C. G Barber
*J. D. Boxley
*A. Calin
M. J. Cheesbrough
*D F. Hewat-Jaboor
*J. Hibbert
*G. A. W. Ross
*G. D. Schott
*P. G. F. Swift
*D. G. Thomas
*A. A. G. Thomson
*G. W. M. Thomson
*D. J. Watkins

OBSTETRICS and GYNAECOLOGY

*C. G. Barber
*J. D. Boxley
*A. Calin
*D. F. Hewat-Jaboor
*J. Hibbert
H. J. Rogers
*G. A. W. Ross
*G. D. Schott
*P. G. F. Swift
*D. G. Thomas
*A. A. G. Thomson
*G. W. M. Thomson
*D. J. Watkins

*Has completed the examination

PERSONAL

WANTED—Assistant, part time, 3 - 4 sessions per week, in family dental practice, S.E. London. Would suit married woman dentist. Apply Guy's Hospital Gazette Box No. 6/7.

CHANGE OF ADDRESS

Mr. and Mrs. G. C. Ross, 69, Redcliffe Close, Old Brompton Road, London, S.W.5. Tel: 01-373 8260.

DEATHS

JAMES—Dr. H. L. James, M.D., M.S., on 23rd June, 1968, at his home Bryn Derw, Llanbadarm Fawr, Near Aberystwyth, Cards., in his 82nd year.

MOFFATT—Amy Muller (née McKitrick) widow of Charles Moffatt, M.R.C.S., L.R.C.P., previously of Irlam, Manchester, died in hospital in Cambridge, July 4th, 1968, aged 83 years.

PAPERS BY GUY'S MEN

Wells, R. S. and others. Discriminant function analysis of phenotype variates in ichthyosis. *Amer. J. hum. Genet.*, 1967, **19**, 575.

Wells, R. S. and another. X-limked ichthyosis and ichthyosis vulgaris.

Clinical and genetic distributions in a second series of families. *J. Amer. med. Ass.*, 1967, **202**, 485.

Wells, R. S. and others. Ancell-Spiegler cylindromas (turban tumours) and Brooke-Fordyce trichoepitheliomas; Edivence for a single genetic entity. *J. med Genet.*, 1968, **5**, 29.

Wells, R. S. and others. Ocular manifestations of ichthyosis. *Brit. J. Ophth.* 1968, **52**, 217.

Wells, R. S. and another. Treatment time for varicose ulcers. *Brit. J. clin. Pract.*, 1968, **22**, 129.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT E. A. MALPAS

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2088

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Patrick Hume Kendall

It is with the deepest regret that we inform our readers of Dr. Kendall's death.

The tragedy of death is here magnified by the youth of the deceased. A man whose intellectual and physical energy was a stimulus to all those who worked with him or who were fortunate enough to come into contact with him, however fleetingly.

His early prowess in the field of sport was followed by his prowess as a physician. His enthusiasm never waned for a minute.

To his family and children we offer our humble sympathy.

An obituary is published on page 423.

Where the Money Goes

Any owner of plant knows the relevance of keeping his machinery working as many hours of the day, and days of the week that his employees (and their unions) allow. The return on capital investment diminishes so long as the plant is inoperable. A good example is an aeroplane, which if not flying and carrying passengers, except when being serviced, all the time is in fact losing money.

Now consider the situation in most hospitals in this country. Patients remain in hospital seven days a week, but laboratory facilities are only functional five days a week; at best five and a half. In London the average cost per week per patient is about fifty pounds, that is, about seven pounds a day. So that, fourteen pounds a week spent to keep them in hospital on Saturday and Sunday is really a deficit on the account books, since on these days their stay in hospital is wasteful. When you multiply this by the number of patients in hospital the figure in pounds is staggering, and it is all a waste.

That is, nearly one-third of the sum which is spent keeping patients in hospital over the week-end shows no return in patient diagnosis or management, enough to make any business man worth his salt throw up his arms in incredulity.

Surely, the expense of employing extra laboratory personnel would in fact be an investment in money-saving in addition to diminishing the average patient stay in hospital.

The present inefficiency is an anachronism in a technological society.

Preventive Medicine

This, we are told, is the thing. Catch the bugs before they can catch us and we can almost do ourselves out of a job. There now exists a marvellous opportunity for putting this theory into further practice.

The Sunday newspapers last week carried the story of a new outbreak of Asian 'flu in the Far East, notably Hong Kong. If the papers think this is important how much more should the medical fraternity (in this case only—not as a general principle). If we are to avoid the ravages wrought by the previous epidemics of this Asian invader it is necessary to act swiftly. The 'plane journey from Hong Kong takes less than one day and that aeroplane carries many people who may have been in contact with the condition without knowledge or, which is worse, without developing symptoms whilst abroad.

We realise that the culture and identification of viruses is a highly specialised and lengthy business, and that the development of vaccines is even more so, but we think that these facts would make it all the more important to start the necessary work as soon as possible. We are not in possession of the relevant figures but we have memories of the last epidemic, of absenteeism and loss of working hours sufficient to seriously affect our delicately balanced economy. Which is the last thing we need at present. Not to mention the serious effect that the illness can have on the already chronically ill.

Contraception

Malthus said it a long time ago, Huxley took it as one of the basic premises of his Brave new society, Mr. Douglas Houghton has made himself terribly unpopular by his pronouncements on it—we have to find a way to control the growth of the population of the world and, therefore, of individual families. Medicine has made a large contribution to the control of families, and it is only from a medical point of view that one can feel competent to put down any thoughts on the matter of birth control.

Faced with the extrapolated graphs of the world's population that seem to disappear vertically from the paper about the year 2500, faced with the growing problem of feeding the "backward" countries with their rapidly rising populations, and faced with the prospect of having only one square yard per person, it is difficult to understand the resistance of a large section of the public to the principle of birth control. Whilst one appreciates that their concern is with higher concepts of the sacredness of life, one does wonder how important it is to be able not only to live but to enjoy living. Can the beggars of Calcutta, the undernourished children in Africa or those nearer home suffering from overcrowded conditions be said to have benefited from the fact of their birth? Does it do their parents any good to watch them suffer or starve because the food, enough for two or three, just cannot satisfy the needs of six, seven or more?

Two hundred years ago a grisly balance was maintained. Infant mortality was incredibly high, disease was rampant, and the average life expectancy, in a "civilised" country, was of the order of 35 years. This balance, the last vestige in man of the survival of the fittest, is now grossly awry. The advances in medicine have both prolonged life and made survival from infancy much more certain. Advances in medicine can now help to increase the quality of life as well as the quantity. To enjoy these benefits it will be necessary to control the quantity and, human beings still possessing the instincts that once were necessary to preserve the race in any number, the most practical method would seem to be some form of birth control by contraception.

Miss Titley

We were pleased to note the appointment of Miss Linda Titley to the post of Matron of Guy's, and we take this opportunity to welcome her back. A brief note, by way of an introduction, can be found on page 425 of this issue.

GUY'S DIARY

We offer our warmest congratulations to Professor Sir Hedley Atkins on his election to a further term of office as the President of the Royal College of Surgeons of England.

Other Guy's men elected at the same time were Mr. L. F. W. Salmon—to the Court of Examiners, and Mr. O. H. Shaheen—to an Arris and Gale Lectureship. To them also we extend our heartiest congratulations.

Memorial Service for Dr. Kendall

There will be a Memorial Service for Dr. Kendall on Thursday, August 8th, 1968, at 12.30 p.m. in the Guy's Hospital Chapel.

OBITUARY

Patrick Hume Kendall, M.B., M.R.C.P., D.Phys.Med.

Dr. Patrick Hume Kendall died at Nuffield House on the 18th of July, in his forty-second year.

The son of a doctor, he was educated at Epsom College and entered Guy's with an Epsom Scholarship in October, 1945. During his years as a student he obtained international honours at swimming, a sport which he always affirmed he had been advised to take up to strengthen a weak chest. He swam for Britain in the European Games in 1947 and at the Olympics the following year. In 1949 he was appointed captain of both the England and Great Britain teams and subsequently won a gold medal at the Empire Games at Auckland in 1950.

Although his swimming necessitated periods of absence from the hospital, his enthusiasm for medicine never wavered and he qualified in 1950, becoming Assistant House Surgeon to Mr. Blackburn, Out-Patient Officer and House Surgeon to Mr. Eckhoff.

He then left Guy's to do his military service and became a medical officer in the Brigade of Guards, a period of his life which he greatly enjoyed. During this time he married Jill Frearson, whom he had first met during his student days at Guy's. Their marriage was an extremely happy one and his home and family were always a source of immense joy to him.

After his army service, he returned to the hospital to become registrar and later senior registrar in the Department of Physical Medicine. He obtained his Diploma in Physical Medicine in March 1955 and his M.R.C.P. in 1958. When Dr. E. J. Crisp retired in June 1960, Hume Kendall was his obvious successor and he was duly appointed to the staff and became head of the Department of Physical Medicine.

It would be difficult to exaggerate the importance of his contribution to the welfare of Guy's. Under his skilful guidance and great administrative ability, the status of his department increased from year to year until, with the opening of the rehabilitation unit at New Cross, it has become one of the leading centres in the country.

Patrick Hume Kendall was not only an outstanding physician with a flare for diagnosis, but he also possessed great qualities of sympathy and understanding which endeared him, not only to his patients, but to all with whom he came in contact. His death has left a sense of numbness amongst his very many friends, and the loss that Guy's has suffered is immense.

He leaves a widow and three sons, the youngest being only six, and to them we extend our heartfelt sympathy.

K.S.M.

NEW MATRON:

Miss Linda Titley

Readers of the *Gazette* will welcome the news that the Board of Governors have invited Miss Linda Titley to act as Matron of Guy's until such time as is necessary for a permanent appointment to be made. Miss Titley has graciously accepted this invitation and will take up her duties on August 19th, with Miss M. A. Day as her Deputy Matron.

Miss Titley trained at Guy's from 1933 to 1937. After serving as a staff nurse and undertaking her midwifery training she was appointed sister in January 1939. During the World War she served at several base hospitals and returned to Guy's as Night Superintendent in 1942. Having taken the diploma in ophthalmic nursing at Moorfields she became sister of Mary Ward in 1943. The following year she took up administrative work and served successively as Office Sister and third Assistant Matron under Miss Emily MacManus. She was promoted to second Assistant Matron under Miss D. M. Smith and in 1948 became Deputy Matron, in which post she continued until 1951. Miss Titley was then appointed Matron of St. Charles's Hospital, W.10, from which post she retired a few months ago.

As a Matron she had a distinguished career and was highly respected by her colleagues in London. She established the Guy's principles and standards at her new hospital with outstanding success and developed a Nurses' Training School of the highest reputation. She therefore comes back to Guy's after many years devoted to the nursing profession and with the welfare and reputation of Guy's as her supreme concern. The esteem in which she is held by the old nurses of Guy's is reflected by her recent election as Chairman of the Guy's Hospital Nurses' League Council in succession to Miss Florence Taylor.

The standards of nursing care at Guy's have always had a world-wide reputation. Miss Titley prizes this reputation above everything else and expects her nurses to do the same. In this sense she is a strict disciplinarian, but she is liberal and progressive in her views and always holds the interests of her staff in the forefront of her mind. Integrity of character and loyalty to Guy's are qualities she takes for granted. All members of the nursing staff who show these qualities will receive sympathetic consideration of their problems, and she is fully aware of the difficulties and petty irritations which beset ward and departmental sisters. She is herself essentially a nurse devoted to the care of patients, and by regular ward and departmental rounds makes sure that the highest standards and services are maintained.

With the medical staff Miss Titley maintains happy relations by the simple process of being readily available to discuss their problems, to listen to complaints and to take whatever action is required. She is well-versed and experienced in the tripartite administration which exists at Guy's between the Superintendent, the Clerk to the Governors, and the Matron.

Miss Titley will bring to Guy's a refreshing and vigorous attitude which will resolve the anxieties of the nursing staff and dispel the slurs which have been cast upon the hospital by recent press publicity. All Guy's men and women will wish her well in her difficult task and will rally to support her efforts to unite the family of Guy's and maintain the proud reputation of the hospital. We can be sure that the prestige of the nursing profession will be enhanced in her capable hands.

S.H.W.

NOTICES

Guy's Hospital Nurses' League

A Register is kept of Past Guy's Nurses who would like to be visited by a Member of the League.

The Nurses' League would be glad to know of any past Guy's Nurses who would welcome a visitor. Would anyone who would like to have their *name included in this Register please get in touch with* Mrs. Arthur Franks, 9, Fairacres, Roehampton Lane, Roehampton, S.W.15.

Music Club

Plans have finally been laid down for the Christmas Concert—the chorus and orchestra will join forces to give a performance of Handel's " MESSIAH " in Southwark Cathedral on December 5th. The soloists will be: Mavis Beattie (soprano), Alan Kendall (countertenor I), Derek McCullock (countertenor II), John Dudley (tenor), Roger Cleverdon (bass). Rehearsals will start on **Tuesday, September 3rd.** Please watch out for further details throughout the summer. Come to sing and enjoy yourself!

Alison Hill

NURSING SECTION

STAFF CHANGES AND APPOINTMENTS

APPOINTMENTS

1.8.68 **Miss S. E. I. M. Hide,** S.R.N., B.T.A. to Sister, Cornelius Ward.

5.8.68 ***S/N S. M. Hubbard,*** *S.R.N., to* Sister, Wilks West Ward.

12.8.68 **C/N M. Preston,** S.R.N., O.N.C., to Second Sister, Medical Intensive Care Unit.

26.8.68 **S/N S. M. Baldwin,** S.R.N., to Sister, Hurst Ward.

RESIGNATIONS

26.7.68 **Sister R. I. Weir,** from Main **Theatres**

27.7.68 **Sister M. Fewster,** from Night Duty, New Guy's House.

30.7.68 **Sister M. O'Shaughnessy,** from Victoria Ward.

31.7.68 **Sister G. Perry** (née Elliott), from The Evelina Children's Hospital.

5.8.68 **Sister J. Russell, from Luke Ward.**

8.8.68 **Sister R. Dehnugara** (née Sethna), from Main Theatres.

31.8.68 **Sister J. Flower, from Hurst Ward.**

THE PRISON MEDICAL SERVICE TODAY

by

H. St. John Mansbridge

Any account of the duties and work of the Prison Medical Service would be incomplete without some historical background. This is, however, difficult, as to quote Sir Norwood East in 1936: "No systematic investigation into the medical aspect of crime or prison medical administration in early times is practical for apparently no history of English prisons or their administration exists." The difficulty remains today despite Sir Lionel Fox's masterly account, "The English Prisons and Borstal Systems," published in 1952. Although to some extent this goes on where Sir Norwood East left off, its brief is more general and medical administration necessarily a side issue.

It would seem that the first glimmerings of official recognition can be ascribed to the Act 19 Geo. 111 C.74 passed in 1781, which empowered His Majesty to appoint Sir Gilbert Elliott Baronet: Sir Thomas Charles Banbury, Baronet: and Thomas Bowdler, Doctor of Physic, supervisors of buildings to be erected for confining and employing in hard labour persons convicted of transportable crimes. Prior to this, medical attendance at prisons was a matter of local arrangement, either by the Sheriff, the County, or the Justices of the Peace. Apothecaries were sometimes paid by one or other of these authorities to attend a particular prison but not all prisons, Bridewells, or Houses of Correction were so favoured. Indeed, the office of Prison Doctor was no sinecure in the centuries before 1800, and certainly not without risk, as epidemics of gaol fever (or typhus) periodically ravaged the prisoners, and the aetiology of this disease was completely beyond the medical competence of those days. The decline in incidence of this disease can be attributed to the humane efforts of Howard, the great penal reformer who died in 1793, and through whose efforts the wretched living conditions of convicts were ameliorated and as a consequent but incidental result the breeding grounds of the typhus richettsia abolished. By the provision of better and cleaner gaols with adequate light, air and sanitation, gaol fever gradually became less frequent, although the aetiology remained obscure. As an example of the real and ever-present menace of this disease in earlier times

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Dr. Mansbridge is a Senior Medical Officer at H.M. Prison, Winchester.

Howard, quoting Stow, records the fact that at the Assize held in Oxford 1577, "All who were present died within forty hours: the Lord Chief Baron, the Sheriff, and about 300 more." Thanks to the efforts of Howard, this occupational hazard diminished steadily from the latter part of the eighteenth century, but it is interesting to note that the custom of carrying nosegays still persists in certain London Courts during committal proceedings, a relic of the time when Judges and Officers of the Court carried bunches of herbs to ward off gaol fever on the one hand, and to mask the stench from the prisoners in the dock on the other.

Progress in prison administration remained slow after the Act of 1781 mentioned above until the early part of the nineteenth century. In 1821, Millbank Penitentiary was completed, although it had been authorised as far back as 1794 (34 Geo. III C.84). Pentonville Prison was built in 1842, Portland in 1848, and Dartmoor, formerly used for French prisoners of war, was rebuilt in 1850. In 1853, Brixton Prison was taken over from the Surrey Justices and adapted for male prisoners. Other Government Prisons followed to accommodate the prisoners who were no longer transported.

The Act of 1835 effected greater uniformity of practice in the government of the several prisons in England and Wales and authorised the appointment of inspectors to visit them. In 1850, "not less than three fit persons" were appointed Directors of convict prisons. By the Prison Act of 1877 the Borough and County Prisons were transferred to and invested in the Secretary of State, a permanent Commission not exceeding five members being created for the purpose of aiding the Secretary of State in carrying out the provisions of the Act. Under the Prison Act of 1898 every Commissioner was also a Director of Convict Prisons with direct responsibility to the Secretary of State, and this arrangement persisted until 1963, when the Prison Commission was merged with the Home Office.

Scurvy Enquiry

The development of the Prison Medical Service seems to have been haphazard, becoming more organized as prison administration became centralised. In the nineteenth century there was a gradual appointment of Medical Officers to particular prisons, with a Principal Medical Officer in overall charge, seemingly stationed at Brixton. There were also medical members of the Prison Commission. Only one Medical Officer seems to have been attached to each prison, and he ranked third in the hierarchy, below the Chaplain and Governor. The duties of a Medical Officer were many and varied, as he was responsible for assessing the diet necessary and appropriate for prisoners, the clothing required, and maintaining the general health of inmates and public health of institutions. He was also required to be present at punishments and executions. As medical knowledge progressed, so the authority of the medical officer increased until by the latter half of the nineteenth century he was able to countermand orders which were medically inappropriate and alter regulations to suit particular cases. It is interesting to note that a new prison dietary, nourishing but deficient in Vitamin C, and introduced in 1822, produced an outbreak of scurvy in Millbank Penitentiary which caused great perturbation amongst the Committee of Management and resulted in the Royal College of Physicians being called upon to make a report at the instigation of the Prison Medical Officers concerned through the Select Committee appointed to enquire into the state of the Penitentiary. In their report the Royal College agreed that the early stage of the disease was dysenteric in character and that the treatment by mercury prescribed by the Prison Medical Officers had done much to abate it. There was some doubt as to whether the disease was contagious! But there was general agreement that it had been caused by a diet deficient in vegetable matter and that fresh oranges and lemons were beneficial. The anti-scorbutic properties of citrus fruits had been empirically determined many years before, but this or the association of dysenteric symptoms with scurvy seems to have been forgotten or missed over the years, possibly because the earlier observation was made in respect of sailors at sea, whereas the later epidemic occurred on land. In addition, the Senior Physician to the Army, Sir J. McGrigor, had stated categorically that the disease was not scorbutic and that in his opinion the prisoners were well nourished. The Select Committee fortunately preferred to believe the Prison Medical Officers concerned.

Psychiatry in Prison

To return to the main theme. The evolution of the Prison Medical Service proceeded slowly and steadily from the middle of the nineteenth century, initially on the basis of one medical officer to each large prison. His duties included general medicine in the widest sense and a knowledge and practice of what is now regarded as Public Health Medicine, besides submitting an annual report to the Prison Commissioners. In addition the current psychiatric orientation was foreshadowed, as he perforce had to deal with the large numbers of mentally ill, sub-normal and epileptic or organically disturbed patients who slipped through the relatively wide meshes of the legal network dealing with the insane or criminally insane. And as always, the psychopath was with him. Although the Acts of 1800 and 1883 provided for the detention of the insane at Her Majesty's pleasure in the cases of those found fit to plead on the one hand and those unfit on the other, and the McNaghten Rules, however unsatisfactory they may seem now, offered asylum to certain offenders charged with serious offences, nevertheless such safeguards seem to have been missing in cases tried by summary jurisdiction, and in consequence the prisons invariably had a substantial number of persons of unsound mind from whatever cause. These had to be dealt with by the Medical Officer, frequently with understanding, but sometimes with difficulty, and generally to the detriment of institutional discipline and peace. By and large the Prison Medical Officers seem to have followed current psychiatric views on treatment, which students of psychiatry will remember, were apt to be a little rough and naïve until Tuke's reforms at the Retreat in York and those of Pinel at the Bicetre.

By the first quarter of the twentieth century the Prison Medical Service seems to have evolved into a coherent whole with special interests and duties over and above the routine medical, psychiatric and public health work in the field of criminological research. The Medico-Legal Society was well established. Judges and barristers lectured to students and doctors at the Maudesley: psychiatrists lectured legal and penological audiences. Statistics were compiled by the Prison Commissioners through the agency of the Prison Medical Service. Various theories of criminal behaviour were advanced and checked statistically, and the names of Lombroso, Henry Maudesley, William McDougal, the analytic schools of Vienna, and Professor Mercier spring to mind in this connection, to mention but a few. In 1936, Sir Norwood East, M.D., F.R.C.P., Director of Prison Medical Services and lecturer at the Maudesley Hospital, published his book, "Medical Aspects of Crime," the first and only authoritative work on the activities of the modern Prison Medical Service and the source of much which has been written above.

The Service, however, remained small. As in mental hospitals, the accent was on custodial care rather than rehabilitation, and forensic work was largely confined to the compilation of medical reports for accused persons at murder trials by Senior Medical Officers and above. By this time, however, the psychiatric implications of criminology were becoming apparent and the desirability of further qualifications in this speciality. The D.P.M. was rare in the Service, the popular qualification seeming to have been in the field of Public Health. The 1939-45 war not unnaturally slowed the expansion and development of the Service and as recently as 1952 the total complement of full-time medical officers was only 35. However, post-war legislation and the wind of change has led to a considerable increase and the Service now numbers well over a hundred, more than 50 per cent of whom have the D.P.M. This accent on psychiatric qualification has been necessitated by the vast amount of forensic work, compiling pre-trial reports and attendance at Court to give expert evidence, which has resulted from the passing of Acts such as the Criminal Justice Acts of 1948 and 1961, the Magistrates' Courts Act of 1952, the Homicide Act of 1957 (the concept of diminished responsibility having spread from its original applicability to Capital Murder to most other criminal charges), and most important of all the Mental Health Act, 1959, with particular reference to Part V of the Act.

Prisoners' Care

The prison population numbers at present approximately 33,000, a decrease of 2,000 over the preceding year. This number is distributed amongst the various penological institutions, in all about 110. These include Borstals, Detention Centres, Remand Centres, large remand prisons, e.g. Brixton, Local Prisons—combining remand facilities with short-term sentenced accommodation, open prisons and long-term prisons such as Dartmoor. There is also a psychiatric prison at Grendon, administered by a Medical Superintendent with an Assistant Governor under him, and a training prison at Wakefield.

Women constitute only a very small percentage of the prison population and their numbers, unlike the men, remain static or slowly decreasing. Consequently there are relatively few institutions which cater for them and a recently-built Remand Centre in the Midlands might initially expect to receive remanded girls from as far south as the Isle of Wight to as far north as Lincoln.

The full-time medical officer complement is mainly distributed amongst the local and remand prisons, Remand Centres, large long stay prisons and the larger Borstals, and the Psychiatric and Training prisons. There is a headquarters staff of three, the Director of Medical Services, Prison Department; with a Principal Medical Officer and Senior Medical Officer to help him, all with offices in one of the buildings which comprise the Home Office. They are responsible for overall prison medical administration, policy and liaison with non-medical Prison Departments, the Ministry of Health and the Chief Medical Adviser to the Civil Service.

Larger prison establishments are staffed by a Principal Medical Officer, a Senior Medical Officer, and a varying number of Medical Officers. The work of the senior grades tends to be more administrative, although theoretically all murder charges on remand should be examined and reported on by Senior Medical Officers. In fact, the volume of work makes this unrealistic, and current policy is to encourage the psychiatrically qualified to deal with such cases after an adequate period of prison experience. In long-term prisons the work is more general medicine, although psychological testing and psychiatric evaluation and treatment plays a part, as reports are required annually and cases occur necessitating the transfer of a prisoner to a mental hospital under Section 72 of the Mental Health Act, 1959. There is a wide field of surgery practised in the larger prisons, from cosmetic to major, and experience in this as well as other medical specialities is welcome. Research is encouraged, as well as training and obtaining higher qualifications.

Forensic Medicine

Much of the work, especially in Remand and Local prisons, is, however, forensic. The Courts are increasingly demanding pre- and post-trial reports on the offenders' state of mind and health. The increase has been particularly marked in the Magistrates' Courts since 1959, prior to which it was rare. Not only must the Medical Officer report on these cases, arrange further consultant confirmatory reports where he thinks it justified, or complete appropriate Hospital Orders as necessary, but also he must attend Quarter Sessions or Assize Courts from time to time as an expert witness. In addition, under the Streatfield recommendations he is expected to make appropriate suggestions for disposal and sentence where there is a medical or psychological background to the offence, but in a manner calculated not to offend the absolute authority of the Court. These suggestions are, in general, appreciatively received and usually implemented, particularly by Magistrates' Courts where the Bench is often at a loss as to how to deal with certain offenders.

Whereas Court work takes up much of the time of Medical Officers in Remand establishments, there remains the routine work in the Prison Hospital, the examination of all prison receptions and transfers, medical examination of candidates, and the routine public health reports and inspection of the establshment. Petitions by inmates to the Home Secretary have further to be scutinised and reported on. Some of this is done by the Medical Officers themselves, but much of the routine work is done by part-time Medical Officers who are local GPs. These doctors also run some of the smaller establishments on their own, under the supervisory direction of the Senior Medical Officer in the nearest large prison. Their work is a necessary and concomitant part of the Prison Medical Service, as without them the full-time Medical Officers would not have the time to carry out their forensic obligations—in the Remand Establishments particularly.

Some idea of the volume of work can be seen when it is realised that at Brixton Remand Prison approximately 3,000 reports to Court are made annually, and at Birmingham, a local prison, approximately 1,700. At a small Remand Centre with one medical officer, over 300 reports were submitted of which more than 60 were Hospital Orders.

Recently it has become the policy of the Home Office and Ministry of Health to create new joint appointments in forensic psychiatry of Consultant status, with responsibilities divided between the local Home Office institutions on the one hand and the Regional Hospital Boards on the other. Encouragement is also being given to increasing the number of sessions by visiting psychotherapists from outside the Prison Service, who may carry out group or individual psychotherapy on selected inmates.

Medical Officers in the Prison Medical Service are Civil Servants and entitled to Civil Service pensions, gratuities and emoluments. The rates of pay are good, the basic Medical Officer grade rising to more than the average Consultant earns, the Senior Medical Officer grade being paid at the top Consultant rate. No superannuation is paid, and there is a gratuity at the end of service, which may be at age 60 or 65. This will be of little interest to recently qualified doctors, however, as the minimum age for acceptance is 28. But it is well worth considering for those who are attracted to forensic work and have a psychiatric or other appropriate qualification. The work is interesting, there is constant contact with psychiatric colleagues in the N.H.S. and the Prison Hospital Staff are excellent. I have somewhat emphasised the forensic side as this is what interests me, but all branches of medicine have scope within the Service, and the attitude of encouragement to research and further qualification is general.

My thanks are due to the Home Office and the Director of Medical Services, Prison Department, for permission to publish this necessarily brief and limited account of the Prison Medical Service.

REFERENCES:

(1) Medical Aspects of Crime. Sir Norwood East. Churchill 1936.
(2) Thirty years' experience of a Medical Officer in the English Convict Service. John Campbell, M.D. Nelson 1888.
(3) The English Prison and Borstal Systems. Sir Lionel Fox. Routledge and Kegan Paul, 1952.

Opening of the Medical School's Extended Electron Microscope Unit and Viewing of the Closed Circuit Television Equipment

by

Roger Warwick

On Tuesday, July 9th, an early evening reception took place in the Medical School to celebrate completion of the extension of the Electron Microscope Unit and the installation of our second Electron Microscope. The occasion afforded an opportunity for representatives of the School's Governors and Academic Staff to express their appreciation of the generous financial help, without which these developments would have been impossible.

Our first electron microscope was installed in 1961, and we owe this to the Spastics Society, represented by its Assistant Director (Finance), Mr. John Price. So extensively was it used that a second instrument and attendant facilities were envisaged; and July 9th's celebration marked the culmination of some four years of planning and of searching for sponsors. Providentially, the Herbert E. Dunhill Trust, an old friend of the School, agreed to meet the cost of a second electron microscope. To our keen regret, Mrs. Mary Lane was unable to be present to celebrate with us the installation of the new microscope and to receive at first hand the expression of the School's gratitude to the Trust and to herself for this further generous gift and for the Trust's continuing interest in the School.

Installation was no easy matter. Plans could be, and were, drawn up to surround the new microscope with an appropriate suite of rooms, but the considerable sum required was less easy to secure. Early encouragement was forthcoming from the Sembal Trust, and after an anxious period the Wolfson Foundation and, once again, the Herbert E. Dunhill Trust came to our rescue. It was a source of general pleasure that Sir Isaac Wolfson, F.R.S., with his personal secretary, Captain D. E. Myers, and the Foundation's present Director and Secretary, Major-General A. R. Leakey, came to see for themselves the results of the Foundation's support, for which this School, like so many other medical institutions, is deeply indebted.

Our Architects, Consulting Engineers and Contractors, who shared many long months of planning and re-planning, were represented by Mr. A. S. Gray (Watkins Gray Group 2), Mr. L. J. Schwarz (L. J. Schwarz and Partners) and Mr. K. B. Edwards (B. W. Edwards and Son Limited). They must surely have been as relieved as many of us to see the end of all our problems and pleased by the results of so much effort. To them and their assistants we extend our acknowledgments.

The Radio Corporation of America, whose British branch installed both microscopes, was represented by Mr. Milo Cermak, of R.C.A. International, who flew over from Geneva to be with us. To the pleasure of many, Mr. Stuart Spiers, until recently Chief Maintenance Engineer of R.C.A. (G.B.), also attended.

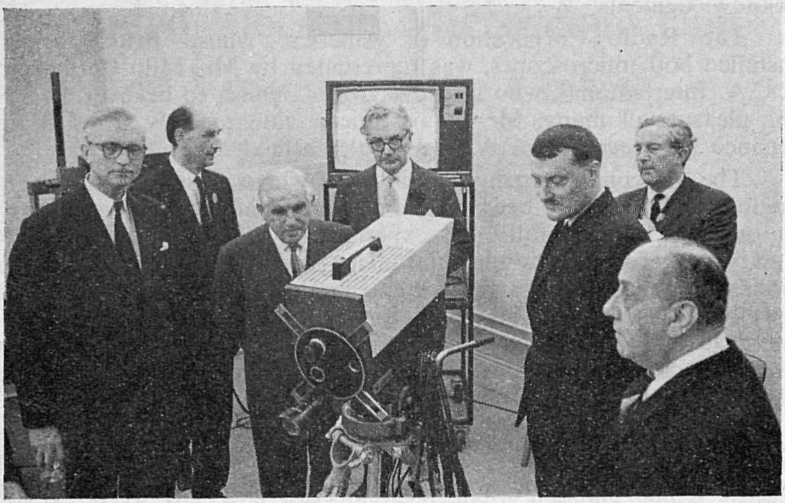
The Marconi Company, a number of whose senior executives and engineering staff have been good friends and advisers over ten years in our efforts to establish an experimental closed circuit television unit, was represented by the chief of its Electro-Optical Systems Division, Mr. John Brace, and his lieutenant, Mr. Michael Cross. Not only have we to thank Marconi's for the loan of much equipment in the past and currently, but also for an incalculable number of man-hours in consultation, demonstrations, and experiment both at the factory and in our own growing unit.

The guests were received in the School Committee room by the Dean and senior members of the Department of Anatomy. Fellow colleagues from many departments in the School and Hospital arrived, and were conducted to the basement floor, like our distinguished guests, to view the activities of the two Units, the staff of the Department of Anatomy, present in force, acting as guides.

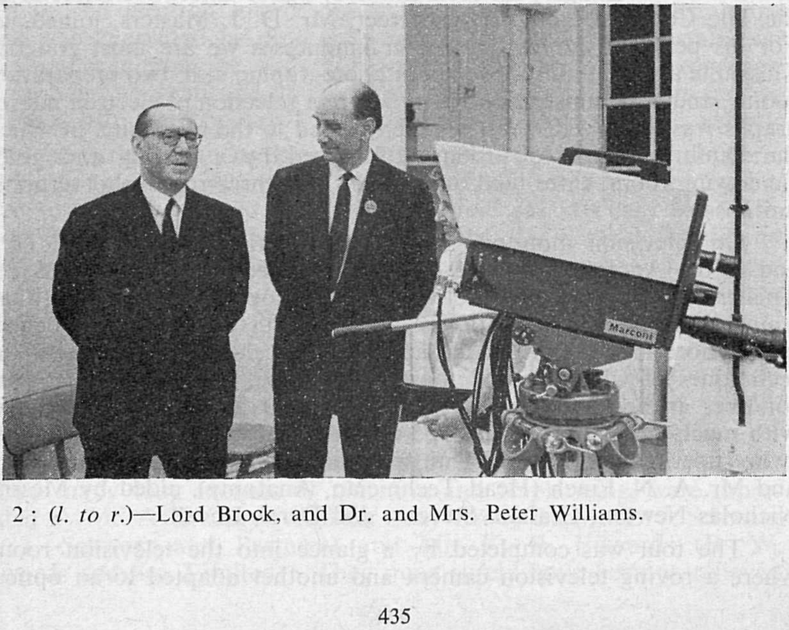
The tour of inspection passed first through the older half of the Electron Microscope Unit, built around the Spastics Society Microscope. This has been completely renovated, and a new room added, where four separate cubicles for ultra-microtomy have removed a serious bottle-neck. Each cubicle contains an anti-vibration table constructed by Langley London Limited, whose Executive Director at the Tile Centre, Borough High Street, Mr. D. J. Masters, joined us. For his personal interest and other kindnesses we are most grateful. This suite also contains a two-room photographic unit, two preparation rooms, and a demonstration room, where a selection of electron micrographs was displayed. Visitors then passed to the new suite, in which the Dunhill Microscope room is followed by a glazing and gold-shadowing room, store, and an entirely new three-room photographic unit.

On television monitors sited in the corridor of the E.M. Unit and in the Anatomy Theatre, a video-tape recording was displayed. This carried through the development of the optical microscope (illustrated by some curious antiques discovered in the darker cupboards of the Gordon Museum) to the advent of the electron microscope, the techniques of which occupy most of the tape. Since this tape runs for over an hour, its quality could only be sampled by the viewers, with much else to see. The tape was recorded by Dr. P. L. Williams (who superintends the E.M. Unit with the help of Dr. L. H. Bannister), and Mr. A. N. Finch (Head Technician, Anatomy), aided by Messrs. Nicholas Newton, Graham Stevens, and Derek Lovell.

The tour was completed by a glance into the television room, where a roving television camera and another adapted to an optical



1 : (*l. to r.*)—The Dean, Dr. Peter Williams, Sir Isaac Wolfson, Mr. A. E. Orchard-Lisle, Mr. John Brace, Capt. D. E. Myers, Professor Butterfield.



2 : (*l. to r.*)—Lord Brock, and Dr. and Mrs. Peter Williams.

microscope could be inspected and even used by the guests. Doubtless many of our community were seeing this room for the first time.

A return to the Committee Room for a final chat and drink ended a most enjoyable occasion. Most pleasing of all, particularly to the organizers and hosts, was the evident interest and enjoyment of those of our benefactors who were able to be present, whose confidence in us, expressed so generously in helping to establish these superb scientific tools, is greatly esteemed.

Thus we have, with enlightened charity, taken a large step forward. Yet our endeavours continue, in the planning of the electron microscope service of the Tower Block, with which the Department of Anatomy, in the person of Dr. Peter Williams, is currently much concerned. So from present achievements, the means to which are most warmly acknowledged by all of us, School Officers, Academic and Technical Staff alike, we press on, heartened by our benefactors' generosity.

"For things are seldom what they might seem to be."

"This was just one of the cases of cruelty to children described by Sir Keith Simpson, Professor of Forensic Medicine. . . ."

East Grinstead Observer, May 23rd, 1968.

Prospero: R. Mackay

REVIEWS :-

Theatre Club Production
Summer 1968

THE TEMPEST

by

W. Shakespeare

From the moment I arrived at Guy's Medical School to see "The Tempest" till I left via the local, I got the sort of treatment redolent of bribery always extended to critics by theatre managers. But I was assured that I was called in to prescribe not sugared pills and scented sedatives, but the real McKoy for the treatment of chronic Medico Histrionica.

The difference between amateur and professional performances is that the one must be enjoyed for what it aims at, and the other for what it achieves.

From the first glimpse of the white arches enclosing Prospero's estate in Caliban Island and the opening roar of a musical storm all but swamping the cries of the drowning, the flashes of lightning picking out Prospero standing serenely confident in the power of his craft, it was certain that this was no ordinary effort to combine the several arts of music, poetry, drama and buffoonery. And, in so far as with my mind's eye I could see, this was a beautifully thought out production, loving care having been lavishly spent on all its details.

The lighting, however (generally excellent) did leave me longing, after the storm, for bursts of hot sunshine that would have established the remoteness of this magic isle from our bleak shores, and Miranda's and Caliban's costumes might have been more excitingly home-made —yards of cloth wrecked with Prospero now imaginatively used by Miranda; and sequins for Caliban would have worked wonders, suggesting his fishiness so often mentioned.

Sebastian, G. Langley-Smith; Ariel, D. Richards; Antonio, P. Davenport

But these are details I cavil at.

The language was spoken with clarity, at times tellingly so and with feeling for the verse. The various interpretations were well controlled and integrated.

What did disappoint was the movement and pace of the play. The dialogue needed at times to trip along faster, the lovers to be more familiar with each other to give Prospero good reason to warn Ferdinand not to break her virgin knot before she got her marriage lines.

Words don't initiate action, or action words—thoughts do. An actor must first know why he wants to make an exit: to save the cakes he just caught a whiff of or to find the privy. He establishes his attitude to both by the way he makes his exit. The same thing with entrances. He must start acting before his entrance so that we know what brings him on. This makes dialogue come alive and no study of tone, tune, phrasing or any other consideration will work unless first there is thought. And time allowed for thought to develop into some sort of expression.

The buffoons sometimes suffered for omitting to think their lines (and of course the difficulty of trying to sound both drunk and coherent at the same time). As a result the four-legged monster never came alive and some of the fun was lost. And a more imaginative arrangement of the legs might have been devised.

There was too much "up-staging" and as a result a tendancy to turn the neck, instead of the body, to speak to someone. Actually there is no need to be constantly facing a person addressed, but they must be concentrated on.

But this is all technique and hardly to be expected of the chronic sick. What is important is that the intention was apparent and that, at times, was delightful.

And I must congratulate the designers and producers of the programme which anticipated such an imaginative production.

Oliver Cox

★ ★

There are two great obstacles facing the amateur dramatist; namely, poor facilities and lack of experience. In David Richard's production of "The Tempest" the latter, like Twiggy's bust, was present but relatively inconspicuous; the former was largely surmounted, despite the claustrophobic embrace of the Physiology Theatre, with its obscene udder-roof.

Most Tempest stage-sets tend to attempt evocation of the feel of the play, but this one was starkly non-expressive, throwing the onus of moulding the audience more on the cast.

On the whole they stood the test. None approached the excellence of Alison Stevens as Miranda, who (seen only once to falter), alone completely identified with her part—though closely followed in the Oscar stakes by Peter Davenport.

David Richards played a very dramatic and striking Ariel, an effective sprite, devoid of humanity.

The two camp-leaders, Prospero and Alonso, faced with the alternative of living their parts as people or being regally Shakespearean, fell a bit too far on the latter side of the fence.

The comic turn, Caliban, Stephano and Trinculo, provided well-balanced, well-performed (for it hardly required acting) relief from the sobriety of other scenes. It is only regrettable that for some they provided the only comprehensible section of the play—blame to be apportioned equally between the venue, the cast and the audience.

The cast had a weak point, unfortunately, in Ferdinand, whose vocal limitations alone would prevent him portraying a real character, and whose inadequacies were made all the more obvious by his acting opposite Miranda for much of his time on-stage.

For the set, the lighting and special sounds it is difficult to find anything but praise; they were simple, effective, far from unimaginative, but perhaps basic to the point of abruptness. David Richard's production, also, was successful largely because of its simplicity.

In sum, the play had no more than the regulation number of rough edges, the comic and dramatic facets were well balanced. Yet there lacked the audible clicks of the tumblers on the combination-lock, the sensation of seeing events evolute and crystallize, which is a *sine qua non* of drama as distinct from Drama.

Daurien Downing

Music Club Concerts

The Purcell Room

The efforts of a member of the hospital must not be allowed to go unrecorded. On Saturday, July 6th, Stephen Coles organised a concert of music by Blow, Dowland, and Purcell, in the Purcell Room on the South Bank. Coles, himself, played the spinet during the performance, and another member of the hospital, Timothy Bushell, played the 'cello. The lutenist, Desmond Dupré, was the guest soloist, and other members of the group included Alan Kendall and John Dudley, both of whom have sung with the Music Club before.

It was good to see members of the hospital taking a leading part in the cultural life of the City, and it is hoped that further concerts on these lines will be organised as this one was thoroughly enjoyed by a very appreciative audience, amongst which was a good sprinkling of Guy's men and women and their relatives.

Colin Hunter-Craig

Southwark Cathedral

The concert given by Musica Medica in Southwark Cathedral on July 11th, clearly shows us that music in Guy's is as it should be. We heard the guest group of wind players first playing a wind quintet by Taffenel, followed by one by Haydn. Michael Vellacott then gave a very confident rendering of the 2nd Violin Concerto by Haydn: his playing both virtuoistic as well as sensitive to the music of the period. Throughout the concert, the orchestra was conducted by Bernard Jupp, to whom the hospital is greatly indebted. Herbert Crossman, the Chapel Organist, played a Handel Organ Concerto—Noel Mander kindly lent us the organ—a beautiful positive organ, voiced on 2in. wind pressure—but, unfortunately, the orchestra was not accustomed to the type of playing required to accompany such an instrument, and there was a tendency to top-heaviness, but apart from this minor point, it was a lively performance. To round off the evening, the full forces gave a somewhat Wagnerian approach to the Haffner Symphony of Mozart, but the sound which rung round the cathedral was really thrilling. I must mention the excellent playing of the wind section in the first and last movements. Southwark Cathedral must surely be the finest concert hall in London, especially with the spirited players of Musica Medica.

Stephen Coles

CORRESPONDENCE

Patrick Hume Kendall

SIR,—During the last few weeks of his fatal illness, Pat Kendall's chief thought was the future of his wife and three sons, aged 15 to 6. Apart from their home, he had not been established long enough to build up any capital, and he was most concerned about the continuance of the boys' education. Both of us reassured him on this point and said that his many friends would see that their social stability and education would continue. We feel sure that his colleagues, contemporaries and friends will be glad to know that we are taking expert advice to see how best this promise may be implemented. Details will be circularised, and announced in the *Gazette*, but the most important thing now is that it should be widely known, so that no one who would wish to help and pay tribute to Pat Kendall's help to others should be missed.

Yours, etc.

CHARLES BAKER.
KENNETH MACLEAN.

Guy's Hospital,
London, S.E.1.

B.A.W.

SIR,—Many Guy's men in general practice will have been shocked at the news of the untimely death of Patrick Kendall. It is a tragedy for his speciality and for everyone connected with him at Guy's that he should be struck down in the prime of his life.

He was a staunch colleague to many doctors, and to countless patients he became a trusted consultant. Whether seen in his own Department or at Keats House, patients came away with an abiding affection and a high regard for his many excellent qualities.

His fine presence, his obvious ability and his gentle kindness were well-known and never forgotten.

His reports and letters were often masterpieces of lucidity and brought to light facts of clinical importance not previously considered, and they demonstrated his clarity of thought and mind.

In discussion during domiciliary consultation, he would leave a lasting impression with all concerned by his profound interest in the patient's problem and by his willingness to instigate treatment to relieve suffering at the earliest possible opportunity.

Surely his reputation and his work will live on.

Those of us in family practice would wish to express to his wife and family our deepest sympathy in their grievous loss.

Yours, etc.,

R. J. R. MOFFAT.

33, Beech Avenue,
Sanderstead, South Croydon.

SIR,—May I, as a contemporary, add a few words of tribute to the late Pat Kendall.

We worked together on the wards as house surgeons to Ogilvie and Eckhoff and, as neither of us believed in regimentation, the wards were relaxed and happy, which made working a pleasure and off-duty a delight.

We joined the Army at the same time and, although our intake must have caused the authorities some concern, we determined to make the most of our service and not to resent the fact that it was necessary. I have often laughed at our efforts to report for parade on time by piling in to his old Sunbeam open tourer and usually finishing up late by pushing the car to start it! They were happy days.

All my memories of Pat are happy ones, and it seems tragic that one who so enjoyed living should die at the height of his career.

We can only imagine the loss felt by his family, and our sympathies go out to his wife Jill, his three sons, his father and his brother John in their bereavement.

In the words of the song " Thanks for the memories ".

Yours, etc.,

JOHN SCOREY.

Griffin Cottage,
Woodrow, Amersham, Bucks.

Sister Mary Columbière

SIR,—Through the medium of the *Gazette,* I wish to take this opportunity of expressing my sincere thanks to the many kind people I met during my stay at Guy's Hospital.

From my very first moments at Guy's I have witnessed only the warmest of hospitality. It has been a very pleasant experience for me to have worked in the Main Theatres, and I have taken away with me some very happy memories of Guy's Hospital, and the people in it.

Yours, etc.

SISTER MARY COLUMBIERE.

St. Vincent's Hospital,
St. Stephen's Green,
Dublin 2, Ireland.

Welcome for Miss Titley

SIR,—I feel sure that members of the Guy's Hospital Nurses' League will wish to extend a warm welcome to Miss Linda Titley on her imminent return to Guy's. Her previous career at the Hospital provides undeniable evidence of her ability. Many will remember her as Student Nurse, Staff Nurse, Ward Sister, Night Sister and Deputy Matron. She was a tower of strength in our Base Hospitals in Kent during the last war when emergencies were almost every-day occurrences. Subsequently, Miss Titley held the post of Matron at St. Charles' Hospital, London, for seventeen years. In the spring of this year she retired to a lovely house in Sussex. Her acceptance of the Governor's invitation is a measure of her regard for Guy's.

Miss Titley has served on the Council of the Nurses' League from time to time, and at the meeting earlier this month was unanimously elected Chairman. We wish her success and happiness during her term of office.

Yours, etc.,

FLORENCE TAYLOR,

Vice-Chairman, Guy's Hospital Nurses' League.

Flat 2,
103, Blackheath Park, S.E.3.

Where lies the truth ?

SIR,—Separated by some years from Guy's, the opinions expressed under the title "Why are you so proud?" in your issue of 20th July, have, for us, a cryptic quality, shorn as they are of factual information. Unable to elicit fact from the *Gazette*, we are dependent upon *The Times* as our source.

We understand that three distinguished members of the Nursing Staff of Guy's have resigned their posts. This must surely be a matter of distress to them and a source of congratulation for nobody.

Elsewhere in this issue we find a letter from Mary Grant which hints at the failings of senior nurses, but which makes no attempt to understand them. Of equal interest is the conspicuous absence of the doctor from the various professions to which she makes reference. Nurses, Management Board, Industry and Lay Consultants seem to be concerned in this matter, but not doctors. Could it be there has been a failure, and that the failure can only be "named" by omission?

So much is written about patient needs and patient expectations, that we may be forgiven for offering another view. A hospital is a place of asylum which affords hospitality to a sick person: in the first instance, as a place wherein to be allowed to have his illness. This, we contend, is the first and most important function of a hospital. Other things are important, but they are secondary. Asylum is made possible by a furnished building and by women called nurses. The title "nurse" derives plainly from nursing mother, and has its origin in mother's primary function, feeding. It is to mother that girls come to Guy's to nurse; and it is to continue mothering that those who do not marry, stay, become Ward Sisters and Matrons. And there is no shame in this.

Mothers have to deal with much that most of us find quite disagreeable, and they have to suffer it round the clock. Every nurse endures the interminable routine of her patient's dependency for feeding, washing and the removal of excrement. The comfort she gives, and its cost to herself, is the reward she seeks. Had she wished to be a skilled technician processing a raw material at a high rate of output, she would have gone to work in a factory, not to a hospital.

As between mother and child, so between nurse and patient, there is an endless transaction of feeling which has nothing to do with the relationship between a factory worker and her product; and which plays a part in the patient's recovery *sine qua non*.

Nurses, like mothers, frequently cannot talk as well as they can do. They look to their men to attend to their needs in relation to society. As mothers to their husbands, so nurses have traditionally turned to doctors for help and support. This is the first necessary function of a doctor in hospital. Hitherto it has been possible for a hospital to do its work through doctor-nurse "marriages": between Superintendent and Matron, Ward Sister and Consultant, junior nurse and junior doctor.

We do not know how impotent the doctors at Guy's have become. That Mary Grant does not need to mention them at all is not encouraging. Of one thing we are sure. If the doctors at Guy's abdicate their responsibilities to lay consultants, we see no hope for nursing at all. The future of the patient then does not bear thinking about.

Sir, you once had something to be proud of. What have you done with it?

Yours, etc.,

MICHAEL CONRAN.
PETER GURASSA.

The Royal Society of Medicine,
1, Wimpole Street,
London, W.1.

Medical Patrol in New Guinea

SIR,—I read with some interest the excellent description by Iain McIntyre of a Medical Patrol in New Guinea (July 6th). My personal interest in the disease "pig-bel" mentioned in his concluding paragraph on local diseases arises from the fact that I was responsible for describing the disease during a 5-year term as a District Medical Officer in the Highlands of New Guinea.

My thesis for the aetiology of pig-bel is that there is an overwhelming proliferation of ingested or resident *Cl. welchii,* type C in the upper gastro-intestinal tract. This follows a large meal of pork in non-immune individuals conditioned to a vegetarian diet. Toxins, in probable collusion with other welchii toxins, then cause necrosis of submucosal tissue, and segmental vasospasm and thrombosis, setting in motion a cycle which concludes with segmental infarction of the jejunum of differing degrees. Points of entry in the mucosal barrier are provided by intestinal helminths, particularly hookworms, or possibly a pre-existing viral enteritis. The dramatic improvement in morbidity and mortality when intravenous *welchii* type-C antitoxin was introduced in therapy in New Guinea adds weight to this argument, [1, 2, 3].

The statement by Mr. McIntyre that "nobody has yet succeeded in isolating this organism from the affected gut " is quite inaccurate because Cl. *welchii* type C, as distinct from the well-known type A strains that cause wound gas gangrene, was isolated from gut resected at operation or autopsy. This was matched with rising and falling titres to *welchii* antitoxin in patients who recovered. Perhaps his confusion has arisen from the fact that we were unable to trace the source of Cl, *welchii* type C in the pigs or pork.

Pig-bel has underlined the epidemiologic significance of typing strains of Cl. *welchii* recovered from cases of necrotising enteritis.

Yours, etc.,

T. G. C. MURRELL.

General Practice Research Unit Department of Medicine,
Guy's Hospital Medical School,
London Bridge, S.E.1.

(1) Murrell, T. G. C., Roth, L., Egerton, J., Samels, J., Walker, P.D. "Lancet", 1966, i, 217.
(2) Murrell, T. G. C., Egerton, J. R., Rampling, A., Samels, J., Walker, P.D. J. Hyg., Camb. 1966, 64, 375.
(3) Murrell T. G. C., Australas. Ann. Med. 1967, 15 4.

Wot, no O.T's?

SIR,—I read with interest the Nursing Section article on rehabilitation of patients while in hospital (*Gazette,* June 22nd.)

As an in-patient for some months last year, I, too, suffered from bagging boredom—relieved only by helping to make Christmas decorations!—and found that when the time dragged, worries about home and children became greatly magnified. In this frame of mind I wrote to the Superintendent to enquire what had happened to the occupational therapy activities of yesteryear. During my training—admittedly some years ago—Hunt's House was a veritable hive of industry, and the male patients in particular found they possessed undreamed of talents in the weaving line! Their efforts were spurred on by the spirit of competition. Miriam and John even produced a magazine in which articles were contributed by patients and staff alike.

It was explained to me that occupational therapy was no longer deemed necessary as there were few long stay patients; also the great difficulty in recruiting O.T. students gave York Clinic priority. During last summer there were at least five teenage patients at one time in Mary Ward, and their endless boredom was pathetic to watch.

This is the opinion of both nurse and patient. I hope it may be of some value.

Yours, etc.,

MARGARET MACKINNON (née Lamarque.)

16, Highview Avenue,
Grays, Essex.

B.M.S.A.

SIR,—B.M.S.A. is at present pressing for a reappraisal of medical student Grants by the Department of Education and Science in May, 1969.

The recently published Brown Committee Report (obtainable from H.M.S.O.) does not do medical students justice. A statement in the Report to the effect that our evidence suggested that student costs were less than the grants awarded is nonsense.

We have sent letters concerning this matter to Student Presidents and B.M.S.A. reps. in all British Medical Schools, and more information is available from them or on B.M.S.A. notice-boards. We should be most grateful if you would help us to publicise our campaign

We are at present continuing negotiations with the D.E.S. and lobbying M.P.s. The latest plan is to inundate M.P.s with letters from Medical Students, demanding a review of our grants in 1969. We have sent copies of such a letter to the Schools, and we are asking all medical students to obtain a copy from their Rep. or President, to fill in the name of their own M.P., to sign the letter and to send it off. They may prefer, of course, to compose one of their own. We should also like to know the names and addresses of any M.P.s who reply.

Our needs represent a special case. Our policies, held for many years, include (a) abolition of a means test for Clinical students, (ii) the breakdown of items within the Grant, (iii) more money for capital expenditure, and (iv) an assessment of our grant as essentially post-graduate students, studying (in most cases) for 48 weeks a year. These are still denied us.

Yours, etc.,
GEOFFREY J. LLOYD, B.Sc.,
President.
TOM TREASURE,
Officer Responsible for Grants and Welfare.
ALISON HILL.

B.M.S.A.,
British Medical Association House,
Tavistock Square, London, W.C.1.

"Discontent at Guy's"

SIR,—During the past months one has become increasingly aware of discontent and disillusion amongst the medical and nursing staffs of this hospital, which has been highlighted by resignations, on an unprecedented scale, of members of the nursing staff. There is a feeling that policies are carried out without reference to the views of those concerned in their day-to-day application, and that the introduction of modern modes of therapy and investigation is being delayed or frustrated by an adherence to an out-dated concept of hospital organisation and inter-specialty demarcation.

To-day one learns that a Guy's patient has been transferred from this hospital to receive a heart transplanted from a donor who had also been a patient at this hospital. Since the Department of Thoracic Surgery has long been regarded with pride by Guy's people, and since the surgeon in question is a consultant at this hospital, one would have expected the operation to be performed here. The morale of those who might have been concerned is naturally depressed by this strange sequence of events. The question asked is "Why should it be so?"

Two slogans of the French student rebellion were "Participation" and "Contestion". Could we have some of those at Guy's without, we hope, the rebellion?

Yours, etc.
JOHN MURRAY.

Department of Anaesthetics,
Guy's Hospital,
London, S.E.1.

NURSING SECTION

The Professional Services Section of the British Diabetic Association

Being anxious to promote the exchange of information about diabetes mellitus between all those concerned with the care of diabetics, the Medical Advisory Committee of the British Diabetic Association has encouraged the formation of a Professional Services Section, based on the very successful Medical and Scientific Section of the Association.

A steering committee has now been formed and the first Annual General Meeting of the P.S.S. will be held on September 17th, 1968, at the Middlesex Hospital Medical School, London, W.1.

Membership to the Professional Services Section is open to all those who are professionally qualified to look after diabetics. Anyone on the Roll or Register of the General Nursing Council would be acceptable. Medical Social Workers, Dieticians, Chiropodists and Physiotherapists must be registered with their own professional body.

The first Annual General Meeting will commence at 11.30 a.m. with a formal welcome by Professor W. J. H. Butterfield, Chairman of the Executive Council of the British Diabetic Association, followed by the formal business and adoption of a Constitution, election of Officers and Committee, etc., which it is anticipated will last about one hour. After a break for a buffet lunch, the afternoon will be devoted to papers, followed by discussion, and will include a talk by Professor Butterfield on "Modern Trends in Diabetic Research".

Among other papers to be given will be one by Miss Newland, Dietician in Charge, Guy's Hospital.

The proposed annual subscription to the new Section will be £1, which will include associate membership of the Association. Existing members of the British Diabetic Association may transfer to the Professional Services Section on application and approval of their official application. Details and application forms may be obtained on application to: The Secretary General, The British Diabetic Association, 3/6, Alfred Place, London, W.C.1.

This is going to be a very interesting new Section and will enable all departments of nurses and other allied professions to come in closer contact with each other. As the section is being newly formed it is up to those interested to say how they would like future Annual General Meetings to be run and which people they would like to hear give papers. The future Annual General Meetings will be held in different parts of the country.

APPOINTMENT VACANT

Part-time Staff Nurse required urgently for night duty on female radiotherapy ward. Three nights per week, Saturday/Sunday/Monday, 10 p.m. to 8.30 a.m. All enquiries to Matron's Office, Guy's Hospital.

For Staff Changes and Appointments, see page 426.

BOOK REVIEWS

PRINCIPLES OF CLINICAL ELECTROCARDIOGRAPHY

by Marvin J. Goldman. Blackwell Scientific, 45/-.

This is a standard textbook on Electrocardiography, now in its 6th edition.

In the 6th edition there have been some additions on internodal atrial pathways, electrical depolarisation of the heart and cell to cell conduction as explained by electron microscopic studies, but otherwise the content remains essentially unchanged.

It is a well produced book "paper backed" with excellent illustrations, a useful bibliography and a good index. This book gives a comprehensive and accurate account of the subject, with particular emphasis on the unipolar leads. It also gives an introduction to the understanding of Spacial Vectocardiography. It stresses that the ECG should be interpreted in the light of clinical findings, which I think is desirable. One criticism which will no doubt be corrected in future editions is out of 380 pages, only 5 are devoted to electrical cardioversion of heart rhythms and pacemaker rhythms.

In view of its length and comprehensive coverage, its main value to the undergraduate is as a reference book. It is a useful addition to any medical library. The price is 45/-.

D. C. Fluck.

A SHORT TEXTBOOK OF PSYCHIATRY.

W. L. Linford Rees, English University Press, 25/-. 305 pp.

Here is an excellent new textbook of psychiatry with its 300 pages packed with information, much sub-divided into headings and sub-headings and lists for ease of reference. Nearly a third is devoted to psychology, including a chapter on schools of psychopathology. One could argue that there is no need for psychology in a textbook of psychiatry, but as it is too little taught to medical students, this is a welcome introduction to a subject which deserves a place in medical teaching quite apart from its relevance to psychiatry.

There are chapters on the history of psychiatry, epidemiology and social psychiatry, genetics, and on sleep and dreaming which add to the interest of the book. The clinical psychiatry is presented in a clear and balanced way, with particularly good and full chapters on psychosomatic disorders and organic mental states, both of great importance to all doctors. Inevitably in providing so much information in a small space something has to be left out, and the lack of illustrative examples is noticeable. This makes the clinical part of the book more suitable for students doing a psychiatric appointment or with some psychiatric experience behind them. The difficulties of comprehending the carefully described symptoms of schizophrenia, for instance, must be considerable here for those who have seen few if any schizophrenic patients. The same difficulty applies to the chapter on hysteria, the only chapter which seems inadequate. Too little emphasis is placed on hysterical symptoms as distress signals requiring a search for the physical or psychiatric disease or emotional or environmental stress which underlie them. One or two case histories could have made this clear.

Minor criticisms include the over-use of lists, a fault of brief books, and a distressingly large number of misprints, some of them potentially misleading. It is, however, a very readable book which makes the relevance of psychiatry to medicine obvious, and indicates some of the many different approaches which contribute to knowledge in this field. It should be of value to students and doctors, both to introduce the subject and for easy reference. Definitely recommended.

Bridget Davies.

SPORT

We congratulate the London University crew on their selection to represent Britain in the Olympic Games in Mexico City later this year. We are especially pleased that Tim Kirk, a dental student at Guy's, is coxing this boat. May they have much success.

Meanwhile, Rod Jones is still fighting hard to reach consistent form this season. We hope that in the near future he will produce the performance that will persuade the Olympic selectors of his worth to the British team.

The Cricket Club go on tour this week for their annual inspection of Sussex, its cricket fields and pubs. In the next edition there should be a comprehensive report on their matches, a list of which is printed below. The following week the Water Polo team will be besporting themselves at various points in the West of England. We trust both teams will return victorious.

DIARY

CRICKET CLUB TOUR

Saturday, August 3rd v. Pagham, 2.30. A.
Sunday, August 4th v. Bognor, 11.30. A.
Monday, August 5th v. Worthing, 2.30. A.
Thursday, August 8th v. Cuckfield, 11.30. A.
Friday, August 9th v. Harrow, 11.30. A.
The last match, against Harrow, will be played at Pulborough.

CRICKET

GUY'S v. BARNES C.C.

At H.O.P., 7th July

Match drawn. Barnes 172—1 declared. Guy's 54—2 (Beacham 29 not out.)

On a bleak, wet afternoon, this game was well matched with the weather. When Barnes continued to bat after tea, the game lost all purpose, for no side can seriously be expected to score 170 runs in 96 minutes in such conditions.

That promising young opening batsman, Beacham, showed rare flashes of brilliance in an otherwise uneventful Guy's performance.

WATER POLO

Saturday, 10th August, is the start of Guy's Hospital Swimming Club's second successive tour of the West Country.

On Friday, 9th August, there is an eve of tour match at Mile End against the Royal Marines. Playing such strong opposition (the Royal Marines have nearly half the Royal Naval side playing for them) this match will prove a test of fitness and stamina for the touring members.

The Saturday will, we hope, see a minibus wending its way westwards for the first match at Lymington at 6.30 that evening.

Of the touring players we welcome back Fred Froom to the land of the living and hope that he won't find it too difficult to fit into the team again. The return of Dave Foulds should strengthen the defence, which has been slightly suspect in the last few matches. Other players are Steve Challacombe (capt.), Mark Adkins, Dave Davidson, Keith Howard, Nick Howell, Graham Northcott, John Wood and Chris Beavis.

Many of this year's team toured last year and their experience will be invaluable.

The junior members who have been invited should gain a fresh outlook on water polo which might help them and the Club in the U.H. League in October.

Water polo in the West Country is much more of a spectator sport than it is in London. Matches and tournaments are played regularly, with spectators numbering in the hundreds, not ones. As a result of this interest the standard of water polo is much higher in the West Country than elsewhere in the South of England. Thus Guy's will be up against some strong, experienced opposition but will no doubt give a good account of themselves. One thing can be said with certainty, the touring members will enjoy the tour (either celebrating victories or drowning defeats) in true Guy's style.

Following is a list of matches. Anybody who is in the vicinity would be welcomed as support for the team.

Saturday, 10th August—Lymington (6.30); Monday, 12th—Lyme Regis (8 p.m.); Tuesday, 13th—Weymouth (7.30 p.m.); Wednesday, 14th—Taunton (9 p.m.); Thursday, 15th—Bridport (7.30 p.m.); Friday, 16th—Yeovil (8.15 p.m.).

GUY'S v. KINGS

Result: draw 6—6

This was an invitation match against Kings, to round off their swimming gala. It was a game which we were expected to win in spite of the fact that we took no substitutes, and Kings had several to call upon. Kings opened the scoring, but Guy's soon found themselves a couple of goals up, Challacombe being in his usual prolific scoring mood. Howell had a good game, making the break well, and was unlucky not to score. Adkins lowered his sights following an effort in the previous game which would have done credit to Tom Kiernan and scored a good goal from his only opportunity. Unfortunately, inconsistent refereeing, and some goal keeping errors marred the latter stages of the game, and we escaped with a draw by virtue of another goal from Challacombe a minute from the end.

Team and scorers: Challacombe (4), Nothcott (1), Adkins (1), Foulds, Howell and Howard.

K.M.

SWIMMING

GUY'S v. ALLEYN'S SCHOOL

2nd July, 1968

Guy's lost the swimming match by 36 pts. to 44. This was quite a good performance by Guy's since most schoolboys are much fitter than students. D. Anderson was the only individual winner for Guy's—and was a comfortable winner of the Freestyle.

The Water Polo match after was a different story. While we "enjoyed" some unusual refereeing it was nevertheless a good game. Although Guy's did not play coherently as a team we won without over-exerting ourselves. G. Northcott scored prolifically and finished the game with a personal tally of 6. The final score was 9—5 in Guy's favour.

Players: Challacombe, Adkins, Wood, Howard, Bevis, Howell, Northcott, Wright.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for two vacancies as **Senior Registrar** in Clinical Dental Surgery, including Oral Surgery, to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board. The appointments will be made jointly by the bodies concerned and will be held at Guy's Hospital and Queen Victoria Hospital, East Grinstead; and applicants will be expected to spend alternate years at each Hospital during their tenure of the post. The posts, which will be reviewed at the end of the first year, are subject to the Terms and Conditions of Service of Hospital, Medical and Dental Staff (England and Wales) with duties commencing 1st October 1968. Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, S.E.1., not later than **Monday, 19th August 1968.**

HOSPITAL APPOINTMENTS

GUY'S HOSPITAL JUNIOR STAFF APPOINTMENTS 1968/69

The following appointments and reappointments have been made for the period beginning October 1st, 1968:—

WHOLE-TIME APPOINTMENTS

MEDICAL

Medical Registrars

Dr. J. R. R. Spurrell
Dr. R. D. Hill
Dr. C. N. Mallinson
Dr. P. W. R. Harris
Dr. S. McHardy-Young
Dr. I. G. McGill
Dr. P. J. Winter (New Cross Hospital)
Dr. N. E. Jensen (St. Olave's Hospital)

Junior Medical Registrars

Dr. J. M. Boulton-Jones
Dr. J. V. Collins
Miss C. J. S. Lawrie
Dr. J. D. Powell-Jackson
Dr. M. J. B. Farebrother (St. Olave's Hospital)

Registrar to the Dialysis Unit
Dr. C. S. Ogg
Surgical Registrars
Mr. S. A. R. Cooke
Mr. J. C. Bull (St. Olave's Hospital)
Mr. W. G. Hartfall
Mr. R. J. Heald
Mr. A. B. Richards
Mr. F. A. W. Schweitzer (St. Olave's Hospital)
Junior Surgical Registrars
Mr. J. R. W. Keates
Mr. P. J. Metzner
Mr. A. L. G. Peel
Mr. H. G. Sturzaker
Registrars in the Throat and Ear Department
Mrs. C. M. Wengraf
Mr. J. G. Fraser
Mr. J. A. S. Carruth
Mr. J. M. Fox
Obstetric Registrars
Mr. M. F. Terry
Mr. W. M. Patterson
Mr. T. G. Nash
Cytologist
Mrs. J. Vale
Registrars in Physical Medicine
Miss J. R. Colston
Dr. I. Vadasz
Dr. B. D. O. Smith
Dr. J. E. Davies
Registrars in the Cardiac Department
Dr. D C. Fluck
Junior Registrar in Cardiology
Dr. I. A. Baker
Registrars in Clinical Pathology
Miss J. Went
Miss S. Amin
Miss J. M. Parker
Dr. B. A. N. Read
Dr. A. Sayeed
Dr. R. A. Leng
Junior Registrars in Clinical Pathology
Dr. D. A. Gardiner
Mrs. A. Markanday
Registrar in Haematology
Dr. J. L. Raven
Registrar in Endocrinology and Radioisotopes
Dr. M. N. Maisey
Registrars in Psychological Medicine
Dr. M. C. Bott
Dr. A. C. Smith
Miss B. A. Davies
Dr. E. Herst
Dr. S. Shere
Dr. B. H. Anstee
Dr. J. A. Carson
Dr. M. O. Aveline
Dr. I. U. Majid
Dr. F. M. Yasin
Registrars in Child Psychiatry
Dr. J. R. Colville
Dr. C. C. Enfield
Dr. S. Bhanji
Orthopaedic Registrars
Mr. M. A. Nelson
Mr. S. J. Lam
Mr. A. L. Gunn
Mr. P. C. Shaw
Orthopaedic and Casualty Registrar
Mr. W. Bunting
Genito-Urinary Registrar
Mr. J. G. Flannery
Registrars in Dermatology
Dr. A. Bowyer
Dr. P. C. H. Newbold
Registrars in Diagnostic Radiology
Dr. A. B. Dew
Dr. P. Armstrong
Miss B. C. King
Dr. J. S. M. Beales
Dr. D. J. Lintott
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BIRTHS

AYNSLEY-GREEN—On Wednesday, 10th July, 1968 in Victoria Ward, Guy's Hospital, to Al and Rosemary (née Boucher, S.R.N., O.N.D), a daughter, Sarah Anne.

LLOYD JONES—*On 1st January, 1968, in* Los Angeles, California, a son Huw Christopher *to Rosalie (née Harrison-Bloom)* and Kenneth Lloyd Jones of 34 Carston Close, London S.E.12.

TILLER—On 19th July, 1968 to Elizabeth Anne (née Manley) and Eric Tiller of Fair Oaks, 348, *London* Road, *Waterlooville, Hants.*, a daughter, Helen Mary, sister for Matthew John.

MARRIAGE

ASHCROFT—ANSCOMB—On 15th June, 1968 at Llangollen. Peter *Ashcroft to* Wendy Anscomb.

DEATH

MacDONALD—On 11th July, 1968, Kenneth Arthur, M.B.B.S. Lond., of 268 Hook Road, Chessington, Surrey.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2089

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Self-Criticism

Language is most probably the apogee of man's intellectual evolution. With its use in the process of inter-personal to inter-continental communication, the world has been able to develop technologically and educationally at a pace in the last 2,000 years that is incomparable to that of the preceding 200,000 years.

Language has given man the power to influence and persuade. One of the features of democracy is freedom of speech. Any form of censorship of this power is a form of authoritarianism.

The rate of development of any society is dependent upon the free flow of ideas and opinions between the members and institutions of that society. Without disagreement, the viability of man's intellectual life becomes stultified. Contention is the life-blood of man's growth.

The strength of an institution depends upon its ability to withstand criticism and adverse publicity. The medical profession has long considered itself a cohesive unit. This view must be untrue if the fear of publicity and open disagreement over-rides the desire for growth. In truth, the conservatism of the profession is illustrated by the lack of disagreement and controversy between its members, and is a sign of weakness, not strength. For a profession that relies upon observation and scientific evaluation for the development of its subject, the paucity of public discourse on matters less esoteric is surprising.

Recent events at Guy's have caused much consternation within the hospital. The fear of any open debate upon the problems and difficulties in which the hospital now finds itself has tended to make final policy decisions unrepresentative. Herein lies our weakness. Disagreement is not a sign of inability to co-operate, and controversy is not a sign of confusion.

Let him not quit his belief that a popgun is a popgun, though the ancient and honourable of the earth affirm it to be the crack of doom.—(Emerson).

Live Guys

Another gleam of sunshine through the clouds of apathy that are supposed to envelop these ancient buildings.

It never ceases to amaze the audiences that assemble for these occasional evenings of light entertainment that there is such a wealth of hidden talent in the Hospital, and the audience that met in the Table Tennis Room on Thursday, August 2nd, was amazed again. For just over two hours a talented "few", students and nurses, amused and entertained them with a balanced mixture of music—of every description—and comedy. It was especially encouraging to see fresh faces amongst the familiar ones as it is this that will preserve the continuity and maintain the standards set in recent years. It is one of the recurring joys of a community containing a progression of generations that, as soon as old stalwarts pass on to greater things, and everyone sighs and says that their like will not be seen again, a new set of faces pops up to take their places. We congratulate the organisers of this successful evening and look forward to their next edition.

Memorial Service for Dr. Kendall

In a simple service in the Guy's Hospital Chapel on Thursday, August 8th, Guy's men and women gathered to honour the memory of Patrick Hume Kendall. The service was attended by Mrs. Kendall and by members of all strata of Guy's, representatives of the Board of Governors, many Consultants and junior staff, members of the Department of Physical Medicine, many General Practitioners who had known Dr. Kendall well, and Senior Nurses and Physiotherapists.

We publish, on page 467 of this issue, a letter containing further information for such of our readers as would like to show their appreciation of this fine Doctor in some practical way.

Nursing Correspondent

Miss Anne Malpas, our Nursing Correspondent of long standing service has left both the Hospital and the *Gazette*. The loss to the Hospital of this sympathetic and accomplished Sister is a great one, there being few to equal her calibre. To us who knew her personally on the *Gazette,* her desire to air the views and problems of the nurses and their charges was always sincere and hopeful for a change for the better. We wish her much luck in her future work and life and our loss will certainly be another's gain.

Diana Budd, recently Secretary of the Nurses' Representative Council, joins us to replace Anne Malpas. Her knowledge of the intricacies of the nursing world will no doubt be reflected in the coming nursing editorials.

Computer at Guy's

Keen students of the *B.M.J.* series of articles on "Medicine and the Computer" will be pleased to hear that the weekly wages for some of the hospital staff are now calculated by one of these weird and wonderful machines.

Those whose pay is actually worked out by this machine have slightly less cause for rejoicing. Two weeks ago their pay was delayed by a technical hitch. By dint of much labour and scratching of pen nibs the Counting House staff managed to do the arithmetic themselves and get the pay packets out.

Let us be charitable, call this breakdown "teething troubles", and hope that there will be no set-back in the use of these unintelligent but speedy brains at Guy's.

Seen in Out Patients

Dr. Ch*s*lm *gg was seen inflating and reinflating a sphygmomanometer cuff, listening over the praecordium, and puzzled that the noises he heard did not disappear !

EMPATHY IN THE HOSPITAL *

by

Ronald MacKeith

A problem of human behaviour

> *A five-year old boy in a wheel chair is being moved through a children's ward; a young porter is pushing the chair; a young nurse carrying a file of the boy's clinical notes walks at the side of the chair; the boy is crying. Neither the porter nor the nurse, nor anyone else does anything about the crying child. He goes on crying. Someone passing the three of them stops and says to the child, "What is the matter?"; inquires and is able to tell him "You are going to the X-ray department to have an X-ray. It doesn't hurt; there will be no needles". The boy stops crying.*

The episode took place in a children's ward. Avoidable distress was not being avoided. It was easily treatable, but the porter and the nurse did nothing about it. Are we who work in hospitals sufficiently aware of what happens to patients in the intervals between the episodes of nursing, meals, medical care, play and visits from parents or friends?

The nurse and porter are, I am sure, essentially kindly people, who feel that they are "fond of children". What has been done to prevent them behaving kindly? Does this impersonal behaviour matter? For the child, it sometimes matters a great deal, sometimes not very much. For the young porter and the young nurse who are given responsibility for looking after other people it probably matters a great deal. It *may* be proper to do nothing about a person feeling miserable, about his crying; but only after considering the crying and deciding whether it requires any action on our part. It is not proper to be unaware of the crying, unaware that this is a

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Dr. MacKeith is a Consultant in Paediatrics at Guy's.

*Based on a paper given on 17th December, 1963, at a Seminar on Hospitalisation of Children at the International Children's Centre, Paris.

Empathy is being able to feel how the other person feels, through a process variously described as intuition, introjection, induction and resonance. (Chessick, 1965.)

problem needing diagnosis and perhaps action. If these young people can ignore crying (as opposed to being aware of it and calculatedly deciding that it is best to do nothing) because they have "learnt" that crying is to be ignored, that it is unimportant, that it does not exist, that nothing need ever be done about it, perhaps we are responsible for their having learnt this.

I do not wish to imply that all crying is bad. Sometimes it is proper and it may be therapeutic. It is an error and an indignity to tickle a baby to stop him crying without finding out why he is making his "call for help" and whether the cause of his being unhappy can be relieved. But the episode described above was of avoidable, unnecessary, easily treated crying. Why did these two young people behave in this extraordinary way, omitting to take a simple measure to help someone in distress.

Such behaviour is a neglect of simple humanity; it also offends the medical rule *primum non nocere*—the first rule is to do no harm—for from a narrow medical point of view, to neglect a child's crying or any patient's distress may lastingly impair or destroy his trust in the medical profession, making it more difficult for nurses and doctors to treat him at the time and may also make him, later on, less likely to go to a doctor, for the help he may need. From a wider point of view, ignoring the patient's distress may damage his self-confidence, which is in fact his confidence in other people and make him more timorous.

In the world to-day, too many people behave as if they do not feel they are accepted by others. They lack self respect and lack empathy towards others. Such people are sometimes unassertive and sometimes disagreeably aggressive. As bureaucrats they think in terms of man-hours, not of people. As doctors or nurses they see "a case of tonsillitis", "a specimen of a disease", they do not see a person. As parents they may fail to treat their children with the respect everyone deserves to receive. We need to be sure that nothing we do to the patient while he is in our care in a hospital damages his self confidence, which is his confidence in other people.

The characters in the drama deserve a little closer study.

The patient in the hospital

All persons have ups and downs in their lives. Illness is a breakdown of the ability of the person to cope with the downs. When the person cannot cope, he becomes ill, and if his family and their family doctor cannot cope, then the person goes to hospital. The staff in hospital ought to be able to meet the sick person's needs.

Being in a hospital is a part of the life of a doctor, nurse or porter. For a patient it is not a normal part of his life; it is evidence of failure and has unspoken but not necessarily unfelt implications of being blameworthy, inadequate, useless. The ill person, especially when he is in hospital, is very liable to regress into infantile attitudes, and this is especially true of the aged and young children who, even more than the rest of us, need their familiar surroundings and routines.

The sick person is a frightened person. A mental picture of the hospital as a fearsome—even if wondrous—place, grows easily. It will grow if the patient does not feel he is being treated as a person. This can happen all too easily for, in order that each part of the care of the patient can be better done, the care is divided into fragments, and each person doing his own fragment of the total care may do it without any feeling about the person to whose care they are contributing. Fear grows on ignorance; the sick person in hospital (as well as in his home) needs a personal physician who will integrate his care, understand him and explain everything to him. Too often the patient comes out of hospital feeling that " they have done good to my body, but great harm to my spirit " as one patient put it. He may feel that, as a person, he has not been well treated.

Is the education of doctors responsible?

What is the origin of lack of empathy of doctors, nurses and other staff? Does it derive from our system of education of hospital personnel? The young nurse and porter may have been, consciously or unconsciously, copying the example presented to them in the behaviour of the doctors. What are the attitudes underlying the behaviour of the doctors?

Most medical students start with " a strong desire to become a helper of other people" (Mendel and Green, 1965). Their training as doctors starts with two years of pre-clinical work with dead frogs, dead bodies, chemical and biological science. The pre-clinical course, as we know it in England, almost inevitably teaches the student to look on the patient not as a human being, but as a collection of organs, one of which has gone wrong. It is implied that feelings are less real than what can be seen or weighed. Is it surprising that when the student comes into the ward and comes into contact with living people with emotional problems—and notably fear—he tends to avoid involvement. As a student newly arrived in the wards said, "If I let myself become involved with my patients, I'd go up the wall". For the medical student, additional difficulties arise from two further sources; he may feel that relationship as a "doctor" to the patients he deals with is a bogus one and he may not comprehend the patients' expectation of magic (Mendel and Green, 1965).

The medical student's training is a survival from an era when relationship between body and mind were not appreciated. If some senior doctors behave to patients in an impersonal way, this also is perhaps a survival from an era when hospital patients were, most of them, in danger of dying and the doctor's pity—and his feelings—were of necessity sublimated into impersonal action which was, indeed, often life-saving. Now, as a doctor puts it, " we are faced with the fact that perhaps one half of all patients—or more—have nothing very seriously wrong with them in terms of prospective death. But can we say there is nothing wrong with them in terms of prospective life?" (Starr, 1954). Or to quote another, " Medical practice has changed from concern for problems of a serious disease and death to problems in which the threat of death is small. Now patients' feelings about their own symptoms are as significant as the disease itself" (Rose, 1954). It is time that doctors not only realised but conveyed that they realise that everyone has physical and mental sides and that the two sides do things to each other. The student has not been trained to think of his patient comprehensively in his physical, mental and social dimensions. He thinks that each symptom has a single cause, yet all symptoms in man are, of logical necessity, multi-factorial in origin. Because he has not been taught that the complexity can be organised, the student—and many a doctor—deals with the apparent chaos by observing one factor, usually choosing a physical or chemical one, and ignoring the patient's personality and his own relation to it.

If we compare the patient's relations *vis-a-vis* his family doctor with his relations *vis-a-vis* the hospital, we may well conclude that hospital medicine is more often impersonal and distant. Does the family doctor get his deep satisfactions from his relationships with his patients, while the hospital doctor gets his from being a member of the hospital community?

An aspect of medical education which does not usually receive adequate consideration is that the experience in the medical school not only gives the student an academic and technological training, it also initiates him into a profession. He becomes a member of the medical profession and within that, to a particular group, belonging to which gives the doctor emotional satisfactions which may be very great (Bloom 1958).

The Nurse

The nurse today has two roles: maternal and medical, caring for the patient, and helping to cure the patient. For the nurse to have to choose whether she is to be the person who cares for or the person who cures (Barnes 1961) will be a difficult choice and one which does not lessen the many anxieties involved in learning to be a nurse. The anxieties of their own job may lead senior nurses to telling junior nurses to do things and "not to think about why they have to be done in this way", with a possible implication of not thinking or feeling about the people they are caring for. Yet many girls would prefer to be nurses caring for people rather than auxiliary medical technicians carrying out procedures.

The episode described happened in a children's ward. To-day, so many children in hospital are up and about that the work of the nurses is in some ways less rewarding, and they may feel they are asked to be nursery school assistants, not nurses; that they have no chance to do skilled caring for the children. Nurses in adults' wards probably sometimes feel similar frustrations. Perhaps the nurse who ignored the child's crying felt aggrieved that she was not caring for a sick child or perhaps she felt that at the moment her role was to be an impersonal messenger boy carrying the child's notes to the X-ray department. Her behaviour suggests that she felt that a child's crying was no concern of hers. Empathy is inhibited if a person feels too anxious to trust his or her own feelings and impulses. Was she unempathic because of the training we give her, either by our precepts or our example? Or was she afraid that if she did anything, the *situation might* get *worse, or that she might* be *unable to cope with* the child's response to whatever she did. It is a pity that nurses should be, from the training we give them, " afraid to do anything in case you do wrong", to feel that they are judged by their mistakes rather than by what they do right or even for their well-intentioned efforts.

The Porter

It may be that what makes doctors impersonal and unempathic is the training they had as medical students (which therefore needs to be changed), but the porter pushing the boy's chair has been through no such training. Why is he so impersonal towards a child in trouble? Is this what he sees as his role as a porter? The example of the doctors he sees is probably partly responsible for the porter's behaviour, but there are additional factors which contribute to the lack of empathy in doctors, but which become more clearly evident when the porters come under study.

The impersonality of the large group

The origins of this lack of empathy, this failure to be involved, lie partly in the atmosphere of the hospital, but partly also in our culture. This affects not only the porter, but each one of us in the hospital.

In a village everyone is known to everyone; the person you pass in the street is Tom Brown or Johnny's mother or Mary's little boy; you are interested and they are part of you; you are glad if they look well; you try to help if they do not.

In town life, we are, of necessity, uninvolved with the large majority of the human beings we meet as we travel in crowded streets, buses or trains. While " The city state (of the Greeks) fostered a sense of personality and a social frame in which men were exposed to the full observation of their fellows, but not prevented from being themselves" (Bowra, 1955), *modern urban acquisitive society provides* the opposite social frame, one which does not foster any sense of personality. The individual feels at the mercy of impersonal influences, which he is powerless to control; occasionally he receives buff envelopes containing obscurely written letters which come, not from a person, but from an organisation. The way the hospital treats its patients presents analogies, for patients are expected to be obedient, passive, accepting rather than intelligent, co-operative, thinking people acting *spontaneously.* And when they are children they are usually even more expected to be obedient and "good"—by which we mean, no trouble—rather than people to receive respect and consideration.

The way the hospital personnel treat the patients will depend on how they feel they are being treated by their superiors (Revons, 1964). The bigger the hospital, the more difficult to keep up good relationships between individual members of the staff. Good relations happen in a small hospital, they have to be worked for in a big one (Barnes, 1961). If members of each group in the hospital feel they are being respected and treated as responsible persons, they are more likely to respect others, including the patients—and any children—they meet in the hospital.

Suggestions for Action

The Medical Student

" The physician instructor's attitudes towards the patients and students appear to be the most significant forces in shaping the medical identity. The enthusiasm for dispensing technical knowledge must be tempered by recognition of the need for saving the humanitarian impulse which brings the medical student to the school " . . . The " two experiences encountered in medical school (which) have a lasting effect on the student . . . are his observations of how his teachers treat patients and how the teachers treat students " (Mendel and Green, 1965).

It is common complaint of our medical students that they have no contact with their teachers. Would they work better as students if they felt their teachers were interested in them as persons, and would they be more interested in their patients as persons and treat patients more humanely if their teachers appeared interested in students and treated them humanely?

There are plans for a better pre-clinical course to cover human biology from cytology to sociology. There is talk of the need to train the student so that he will think of the patient comprehensively in his physical, mental and social dimensions.

Chekhov, who was a doctor, said " If I were a lecturer, I would try to draw my audience as deeply as possible into study of the subjective feelings of the patient, and I think this would really be of use to students."

Balint has emphasised that, because we have to treat the patient and not only his disease, doctors need to understand the patient, and that this is especially true of chronic disorders (Balint, 1965).

> A boy of 7 had severe poliomyelitis and was in an iron lung; every time he was taken out to be attended to, he struggled. His " unco-operative " behaviour was harmful, even dangerous for him. A layman present on one occasion suggested that the child was protesting against every act, even of breathing, being decided by others; he should be given some choices; for example, should his head be turned to the left or to the right? This small quantum of respect worked well and the times of receiving attention were no longer dangerous to the boy.

Balint has also drawn attention to the need for the doctor to learn about himself as a doctor and about his own interaction with the patient (Balint, 1960). This learning to understand his role as a doctor as well as merely learning to play the part leads on to learning about the sociology of his professional group and of the hospital and of the relation of both to the community. Perhaps it is a pity that the family doctor and, much more so, the hospital doctor today can so easily avoid meeting their patients outside their purely professional encounters.

The Nurse

In many ways, those who teach nurses have been more alert in seeing the need to explain the emotional and social aspects of the care of patients, but nurses are also deeply influenced by the way they are treated by their senior nurses.

The nurse needs to have confidence in behaving naturally; she needs to know she is able to try to make a kind gesture rather than feeling that it is safer to do nothing than to risk making a mistake. To feel this is to be mistaken in her role; a nurse is a comforter, and if she (and her seniors) understands this, she will be more confident in playing her full role as a nurse.

In the case of children—but much of what follows applies *pari passu* in the care of adults—Anna Freud (1965) believes that understanding guarantees sympathy, but that sympathy does not guarantee understanding. She feels that in teaching nurses the problem of filling the gap left in the child's world by the mother's absence is best tackled as an intellectual task. She believes the nurse should be given responsibility for investigating the child by making observations: —

Are there different sorts of crying for different reasons?
How long does a small child take to relate to his mother
 when she comes to visit him?
How long does he take to accept a sweet?
Does he want to be comforted or to be left alone?
What does he think about the inside of his body?
How does he go off to sleep?

Making observations in this way of the behaviour and relations of the patient, whether child or adult, will help nurses (and doctors) to be more understanding, more empathic and better at helping. When a nurse first goes on the children's ward she likes to look after the happy rosy cheeked child. This pleasure in seeing good health is very proper, but as she gets more experienced it will be the miserable child, wet with tears and wet with urine, who evokes her desire to help because his needs are great.

The Porter

What could be done about the porter's lack of empathy? Perhaps his behaviour illustrates the escape from personal relationships that characterises urban culture and large institutions. It seems a pity that it should be a feature of a hospital. Helping the suffering is one of the *raisons d'etre* of the hospital; yet it does not seem to have penetrated everywhere. In children's hospitals, probably partly because they are smaller, but principally because they are geared to meeting the needs of children, porters do not hesitate to try to comfort a child. Helping the suffering by empathic behaviour on all occasions can be achieved in some hospitals; it seems worth aiming at even when, because the institution is a large one, it needs more conscious effort to achieve it.

Conclusion

The use of empathy in our relations with our patients calls for a pendulum-like action. The porter, nurse and doctor must be able to swing back from empathy to a detached relationship in which they can make objective use of the information gained through the empathic process. They may also be more intensely motivated by the more intense impression they have acquired of what the patient is feeling.

Good doctors and nurses have a comprehensive approach to the patients they meet, considering body, mind, emotions and social situation. Interest in, empathy with and respect for each patient, all the time, by everyone in the hospital will improve our care of our patients. This is summed up in a phrase of Dr. Dermod MacCarthy about his wards. "The great change is that nowadays we hear the crying of a child and try to do something about it". Respect for and empathy are indeed especially necessary with children because they are more lastingly vulnerable, but adults as well deserve them.

In brief, this article is a plea that the doctor and nurses in charge should set an example of good manners towards our guests. In the hospital each of us must, like the host and hostess at a dinner party, unobtrusively ensure that everyone, adult or child, is put at his ease and kept at ease.

Acknowledgments

I thank Mrs. M. L. Johnson Abercrombie, Miss Caroline MacKeith, S. A. Barnett, David Schendler and the nurses in the children's wards at Guy's, the Evelina and St. Olave's Hospitals.

REFERENCES.

Apley, J. and MacKeith, R. (1963). The Child and his Symptoms. Blackwell's Scientific Publications, Oxford.

Balint, M. (1957). The doctor, his patient and the illness. Pitman Medical Publications, London.

Barnes, Elizabeth (1961). People in Hospital. Macmillan and Co. Ltd., New York and London.

Bloom, S. W. (1958). Some Implications of Studies in the Professionalization of the Physician. Chap. 34 in Jaco E.G. 1958. Patients, Physicians and Illness. The Free Press, Glencoe, Illinois.

Bowra, C. M. (1955). The Greek Experience.

Chessick, R. D. (1965). Empathy and Love in Psychotherapy. Amer. J. Psychotherapy 19, 205.

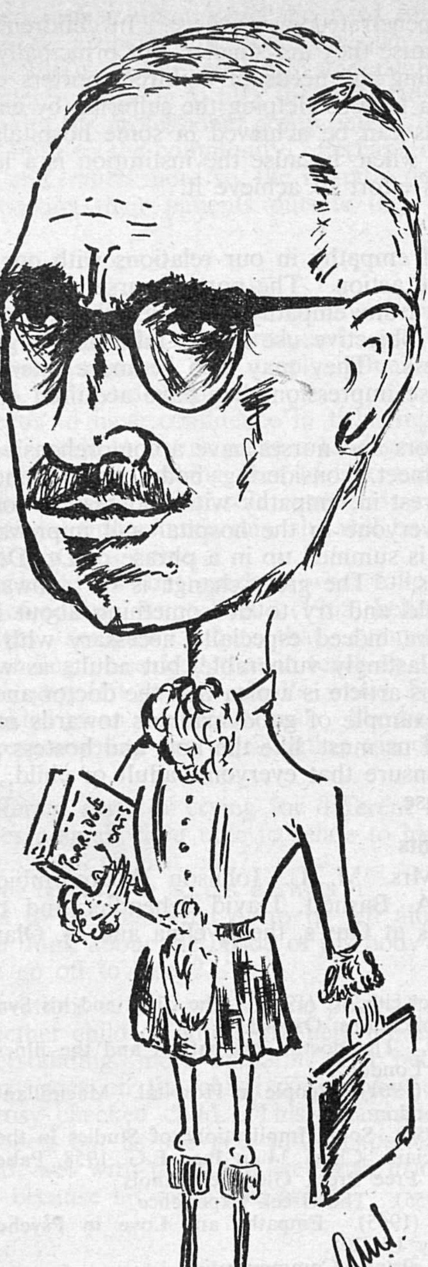
Freud, A. (1965). Private Communication.

Mandel, W. A. and Green, G. A. (1965). On becoming a physician. J. Med. Education, **40,** 266.

Revons, R. W. (1964). Standards for Morale; Cause and Effect in Hospitals. Nuffield Provincial Hospitals Trust and O.U.P. London.

Rose, J. (1954). Quoted by Bloom, *loc. cit.*

Starr, L. (1954). Quoted by Bloom, *loc. cit.*


PORRIDGE OATS

Jock Houston

The Myth of the Microphone

by

H. St. John Rumsey

We are living in the light or rather, the murk of a myth, the myth of the microphone, which never has and never can improve or correct speech as an alternative to speech training, it can only distribute it more widely. The criterion of good speech should be intelligibility which depends on making the fullest use of the resonating spaces and the fullest use of breath by converting all of it into vocal tone and wasting none of it; in other words—voice production, which is not a fetish invented by teachers of speech and song, but learning how to develop to the full the vibration of the vocal chords in the larynx simultaneously with full development of resonance in the pharynx, the nasal cavity and most important to students of speech, the resonance of the mouth which is regulated by raising or lowering the tongue and by protrusion of the lips, thus forming the vowels.

The first essential is relaxation of the muscles of the neck and throat not employed in the production of vocal tone. This relaxation increases resonance which is reduced by any constriction. If the relaxation has been sufficient, vibration on the chest at the level of the top waistcoat button can be felt, but if it has been excessive the voice will sound breathy because some breath is escaping with the vocal tone instead of all of it being converted into vocal tone, i.e. voice.

Constriction of the throat is impossible while humming, so it is wise to introduce vowels with an "N", and the two vowels which are generally the easiest to begin with are the semi-diphthongs—O-oo and A-i heard in *No* and *Nay*. There must be no break between the introducing "N" and the vowel, the "N" must gently expand into it. We hear our own voices at larynx level by bone conduction without the resonances, but listeners hear our voices by sound waves through the air with the resonances added; it is almost impossible for a pupil to assess his own voice, so he will save time and disappointment if he is guided at this stage by his instructor. This is why a speaker fails to recognise his voice when he hears it recorded for the first time. So much then for voice production, the foundation of all serious training of speech or song.

This should be followed by voice projection and voice placing. Voice projection is often instinctive and automatic as when speaking from a window to children in a garden. The voice tends to follow the eye; if we *look at* a person and *speak to* him he will hear; it is not enough merely to utter words and expect him to hear. A lecturer must look at the people in the back row and speak to *them;* then he will be intelligible to everyone in the audience.

Voice placing, keeping the voice forward instead of "growling" from the throat, depends mostly on the position of the chin, which should "float" forward so that when the jaws are closed, the teeth

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Mr. Rumsey is Speech Therapist Emeritus at Guy's.

meet edge to edge, instead of being drawn back. Voice projection and placing are interrelated.

The organs of speech and their functions have not changed, and the microphone has neither added to nor subtracted from these functions. Speech training teaches the comparative values of production, projection and placing of the voice and how to make the fullest use of them.

With the mushroom growths of education the myth of the absolute necessity of formal training has grown and it is now widely thought that anyone trained in a subject knows everything about it and is automatically qualified to teach it but without it he is a complete ignoramus, ignoring the fact that every branch of science and learning has had its pioneers !

Speech training has always been sought by those who aimed at effective speech and realized that however great their natural aptitude they still had much to learn. Those who lived before the era of the microphone may remember the late Sir Gerald du Maurier and Arthur Boucher; both started with an aptitude that made them sound as if they were talking naturally when compared with actors who started with little aptitude and had everything to learn so that they sounded artificial, in fact many were called "ham-actors".

In all consideration of speech and speech training it should be remembered that all speech, good, bad and indifferent is learnt mostly by imitation, so a child brought up in a home where speech is melodious and resonant with accurate vowels will have little to learn, but another brought up in a family of bad speakers with harsh voices will have everything to learn unless he comes under the influence of a new and better speech pattern, but the first childhood pattern tends to persist and is difficult to eradicate.

We also have to reckon with the growing habit of talking at a pace which makes the accurate pronunciation of the diphthongs and the triple vowels very difficult and "our", "tour" and "real" have deteriorated into "ar", "tor" and "reel", added to this the habit of emphasizing prepositions and auxiliary verbs distracts the attention of the audience from the subject matter although audibility might not be affected.

So far voice production, projection and placing have been discussed; these are essential for anyone who aims at a high standard, but three more factors should be considered.

Pitch, pace and phrasing. These three depend on the acoustics of the individual building or lecture hall. If the acoustics are suggestive of an echo as is the case in the chapel of King's College, Cambridge, the pitch should be lowered, the pace decreased and the phrases shortened to enable the reflection or echo of each phrase to die away before the next is sent on its way; this is necessary to prevent a returning echo breaking up the new outgoing one. In contrast, water waves travelling in opposite directions pass through one another without breaking their formations. This phenomenon can be seen by watching ducks swimming in enclosed water; the waves created by the leading duck are reflected from the bank and meet and pass through the waves created by the following ducks travelling towards the bank.

REPORTS

GUY'S STUDENT MEDICAL EDUCATION COMMITTEE

Elections for the 1968-69 committee were held in May, and despite a most disappointing number of candidates, most "years" at Guy's find themselves represented, and the committee should benefit from the new members elected.

The Todd report on Medical Education is being studied by the committee and we hope to keep in close touch with the Dean over any changes he or the student body may wish to bring about as a result of the recommendations. The committee has a number of ideas which it hopes to work on over the next year, and the new chairman, James Pitt-Payne, *is instigating a questionnaire which students will be asked to fill in*, affording evidence of student opinion over proposed changes. The committee also hopes to tackle the loud rumbles of discontent currently being heard about "signing-in" for lectures (a chronic rumble, this) and the failure of some consultants and others who teach to arrive punctually for their rounds or lectures. Allowing for those occasions when it is impossible, it is a matter of the efficient use of time—not to say courtesy—to inform the students in advance that they, the teachers, will be late or unable to attend.

Students are urged, again, to *use* the committee. The members for this year are:—M. Brewer, C. Manning, N. McNeil, W. Morris, R. Carmichael, J. Pitt-Payne, R. Trompeter, R. Illing, R. Forrest, S. Kilpatrick, D. Langford *and* R. *Wright*.

PUPILS' PHYSICAL SOCIETY

A meeting on "Skin Topics" was held in the Pre-Clinical Classroom on 25th July, with Elizabeth Clymer in the chair. The meeting was divided into two parts. In the first part people were able to examine patients suffering from three skin conditions. In the second part these conditions and others were discussed.

John Kelynack started the second half of the meeting by talking about one of the patients—a girl with Behcet's disease. He went on to talk about the disease, which is of unknown aetiology and which has a poor prognosis.

John Price followed by giving a competent talk on "Malignant Melanoma", and emphasised that the survival rate was higher than most people realised.

Stewart Kilpatrick gave a brief summary of the main features of leprosy. A patient with tuberculoid leprosy had been demonstrated: he was an immigrant who had first developed symptoms of the disease eight years after leaving Pakistan.

John Bingham showed us a patient with tylosis. This is a rare disease which is inherited as an autosomal dominant condition. John Bingham gave a lively explanation of the genetics involved and of the difficulties involved in tracing members of affected families.

Peter Ticehurst ended the meeting by describing the evolution of "the Bath". This seems to have been a fairly long process with little overall change. It is pleasing to note that Guy's has been well supplied with this modern therapeutic aid almost from the year of foundation.

We would like to thank Dr. Wells for his help in organising this meeting.

S. Kilpatrick, Hon. Secretary.

CORRESPONDENCE

The Hume Kendall Trust

SIR,—Patrick Hume Kendall died in his forty-second year, leaving a wife and three sons aged 15 to 6. As he had not been established long enough to build up any capital, apart from what could be realised on his house, the future of his family, and particularly the education of his sons, was his chief thought and concern in his last few weeks. He was assured that his friends would make every effort to see that the social stability and education of his children would continue. We feel confident that this objective and also a more permanent memorial to Pat Kendall would appeal to his colleagues, contemporaries, friends and patients.

The distress caused when a young professional man with a young family dies before he has been able to ensure their material future is not confined to the Kendall family, and we remember several instances in the Guy's community where this has occurred in the last few years. We think, therefore, that a permanent trust fund founded in memory of Patrick Hume Kendall would be a means of assisting the Kendall family now and of providing help when a similar tragedy or like distress happens to the family of any Guy's man in future and would constitute a fund to which legacies might be given.

We therefore propose to institute a fund called " The Hume Kendall Trust " with a permanent board of trustees who would receive donations and administer the trust to relieve distress in families caused by the death or permanent incapacity of Guy's doctors or dentists, past or present. Application will be made to register the trust as a charity, and it is hoped that the annual income will be eligible for appropriate tax relief.

This proposal has the support of our medical and dental colleagues, and in the establishment and management of the Trust we are being assisted by the Hospital's senior administrative staff and legal adviser, and by two of Pat Kendall's close friends. The establishment of the trust on a permanent basis will, of course, take time, but it is essential that the fund be started at once, and progress will be reported to individual subscribers to the fund and also, from time to time, in the pages of *Guy's Hospital Gazette*.

Those who wish to contribute should send their donations c/o Dr. Charles Baker, The Warden's House, 11, St. Thomas' Street, London, S.E.1, and they will be individually acknowledged. Cheques should be made payable to the Hume Kendall Trust, and envelopes should be similarly marked. Those who wish to promise an annual donation or to enter into a seven-year deed of covenant can apply to the same address for the appropriate form.

We are anxious that as many as possible will pay tribute to Pat Kendall's memory and emphasise that small contributions will be as welcome as large.

Yours, etc.,

CHARLES BAKER.
KENNETH MACLEAN.

Warden's House,
11, St. Thomas Street,
London, S.E.1.

Food for Thought!

SIR,—Professor Robb's article in the *Guy's Hospital Gazette* of July 20th is most welcome; similar views to his are not often expressed so forcibly in medical circles.

There is an urgent need to promote health through healthy living and diet undoubtedly plays an important part here. It is a pity that in this country where the standard of living is reckoned to be high, one does not have to look far to realise that many people, through ignorance or faulty habits, bring illness upon themselves through foolish eating. Unhappily enough, doctors who should be in a position to advise people wisely often fail to do so through their own ignorance or apathy. In their defence one can only agree that little emphasis is placed on the teaching of dietetics and nutrition in the medical curriculum.

I too hope that in the near future the Ministries of Agriculture and Health will come closer. I feel that this is imperative if the health of the nation is not to suffer. Medical journals and the Press have already drawn attention to the very real dangers to health inherent in the indiscriminate use of drugs, and antibiotics in particular, in animal husbandry. Factory farming is unacceptable to those who have the true welfare of both animals and humans at heart.

When Professor Robb says that the National Health Service in its present form does not promote positive health, providing only for the treatment of sickness, as it arises, he is forgetting the important work carried out by the Public Health Service. Public Health Departments up and down the country are tackling the question of good health from the best angle, namely, by laying emphasis on prevention rather than cure, and by endeavouring to spread existing knowledge through health education.

The future health of the nation, to my mind, still depends upon men of vision who are vested in the principles of Public Health and preventive medicine. Throughout medical history we have examples where breakthroughs in the conquest of disease came in the field of Public Health. This is no less likely to be true today. Spare part surgery may be able to help the chosen few, but the community health still depends upon sound public health measures.

Yours, etc.,

HEATHER KERR.

Department of Public Health,
42, Somerset Street,
Kingsdown, Bristol.

The Curse of Science

SIR,—Somewhere in Holy Writ occur the words, " the world groaneth and travailleth ". Who the speaker was I forget, but I rather suspect that it was St. Paul, who sometimes gives the impression that he would have liked to kick the world for six. Many hundreds of years later someone else, more of a humorist, probably than St. Paul, said plaintively: " Stop the world, I want to get off ". However, I expect he is still revolving like the rest of us, but his *cri de coeur* is noteworthy, even if only said in fun.

During the 1914-18 war England was still England and not increasingly the subsidiary of America. Now, as we read, America adds fourteen words to our vocabulary compared with the one which she takes from us. Nevertheless, thank God for America, in the dangerous world of today.

Today the catchword is "technology", and so much is this so that one wishes that those people in high places who are always using it were compelled to stand by a lathe all day producing some idiotic little cog to fit into some still more idiotic machine; perhaps to produce masses of ice cream to sell at massive excess profits. This, presumably, is what is known as "productivity", another word which one gets to dislike more and more because the illusory prosperity of great nations depends more on the extent of this than on its quality. As everyone knows, the deadly soul-destroying monotony of all this is the obvious cause of strikes, lock-outs, shut-downs and so on, and so potent are "communications" (another catchword) today that people at the other end of the earth adopt the same bad habits as the people in highly-civilised nations. Hence student demonstrations all over the world, their perpetrators being merely what school children used to call "copy-cats".

In Medicine everyone with the slightest flair for research is trying to do something which will outvie someone else, but not quite so blatantly perhaps as the doctor in some South American town who had "MRCP (Lond.)" in neon lights on his premises. Even the G.P. is to become some kind of Super G.P. with eleven years' training behind him. No longer will he be the " people's friend", but some ice-cold robot. And all this talk is, one imagines, largely by people who have never done a day's work as a G.P., and at a time when the dearth of G.P.s makes us rely heavily upon alien races. Is this cant about Science and Technology and the rapid advance in medicine justifiable when, if the truth were told, no more can really be done for cancer than was done 40 years ago when I was a student. The various Causes of Cancer can be neatly classified, and, as science "advances", so do new causes of cancer arise as they are doing now. But to cure them, *hic labor, hoc opus est*"!

The economy of Nature has in recent years been increasingly vitiated by scientific discoveries of methods to destroy pests and parasites, and how far these redound to the advantage or disadvantage of human beings is mere guesswork. To live in the heart of the country is to note this year in particular the almost complete disappearance of butterflies and bees from one's garden, and the dead bodies of birds with no signs of any injury* upon them at all. It is known that radiation can cause mutations in the genetic system, and it is not unreasonable to assume that poisoned foodstuffs could do the same.

The internal combustion engine serves many purposes, and it would be difficult to imagine life without it now, but of course, as everyone knows, its power as a destructive agent is enormous every day. Instead of dying peacefully in their beds, how many people now perish in a welter of flame and horror. Too late is it to ask themselves if their journey was really necessary in that particular medium. But the pace and size of aerial transport goes on increasing, and so do the human liabilities in them; and if one may paradoxically, and from memory, quote a few words of Horace in a scientific journal, they are, *gens humana ruit in nefas* (the human race rushes on to destruction).

Weapons of war continue to be manufactured with increasing skill and efficiency, and all for the purpose of destroying human life, so that what was once said of Maxim, the inventor of the machine gun, that he was responsible for more widows and orphans in Europe than anything else, could be amplified a hundred times today. One suspects that nuclear research is more directed as a blackmailing factor in international relations than for any other purpose; but, thinking of this, " the ultimate", one dare think no further, except perhaps of the last stanza of Byron's *Hellas*:

> " O cease! Must hate and death return?
> Cease! Must men kill and die?
> Cease! Drain not to its dregs the urn of bitter prophecy.
> The world is weary of the past,
> O might it die or rest at last ".

*I would like to add that no poisonous sprays etc. are used in our garden.

Yours, etc.,

G. L. DAVIES.

Oakfield,
Hay-on-Wye,

Miss Tart

SIR,—May I express through your column in the *Gazette,* my appreciation and sincere thanks to the Consultant Staff, Nursing Staff, past and present, and ex-patients, for their most generous gifts on my retirement.

Yours, etc.,

DOROTHY TART.

11, Montague Road,
Sale, Cheshire.

Where Lies the Truth ?

SIR,—The letter in your August 3rd issue, from Michael Conran and Peter Gurassa, was excellent. I congratulate them.

Guy's whole family, past and present, are deeply concerned regarding the publicity and conflicting reports given to the behaviour of senior members of Guy's Nursing Staff. While the Press demand complete freedom of reporting, they appear to indulge in the distortion of truth in the interests of selling sensationalism.

The Board of Governors, and Committee of Guy's, composed of lay and medical representatives, make the policies which are carried out by all sections of staffs. It has always been stated that the nursing staff have access to the Committee in extreme difficulty. Perhaps I am the only member who has distressfully availed myself of this privilege, on a matter of principle. Throughout the anachronistic proceeding I was repeatedly reminded of Oliver Twist before Mr. Bumble and Mrs. Corney. That was some sixteen years ago. In the meantime one hopes that staff consultations have increased to more realistic proportions, and with a more modern conception and concern for each others' difficulties, and an awareness of the need for personal freedoms.

As much publicity has been given to this sorry affair—along with innuendoes in your *Gazette*—perhaps a positive statement from those in authority might put the matter to rest. Suppression at this stage may lead to more undesirable conjectures.

Yours, etc.,

M. S. GRIFFITH.

Moonrakers,
Mawgan Porth, N. Cornwall.

Here Lies the Truth

SIR,—Your correspondents, Drs. Conran and Gurassa, appear to have drawn the same incorrect conclusions about recent events at Guy's as the lay press. The Board of Governors have never attempted to reduce the influence of the medical and nursing staff in the development of policies which affect the care and treatment of patients, which as always, remains the primary concern of Guy's Hospital.

The specific object of the Board in employing a firm of management consultants was to improve the efficiency of the administration of the Guy's group of hospitals. This would free the professional staff from many routine administrative problems and allow them to devote their energies to matters on which their special knowledge can be used to the best advantage.

The dignity and responsibility of the professional staff can only be enhanced by this policy, with ultimate benefit to all concerned, and most of all to the patients.

Yours, etc.,

PHILIP HELLIWELL, Superintendent.

Guy's Hospital, S.E.1.

Miss Titley

SIR,—Will you allow me through the hospitality of your columns, to thank you for your kind note on page 422 of Passim on August 3rd, and also to acknowledge Miss Taylor's very pleasant welcome from the Nurses' League on page 442.

The article " New Matron " is more than generous to me, and I would like to thank the writer.

This sincere welcome, together with the many letters I have received on my appointment, are most heart-warming, and give me courage in beginning a new task in our Alma Mater beloved by all Guy's men and women.

Yours, etc.,

LINDA R. S. TITLEY.

Friars Cottage,
Kingston near Lewes, Sussex.

Dr. Kendall

SIR,—May I be permitted to say a few words in your columns about Dr. P. Kendall, who was a contemporary of mine during my student days. His pleasant personality gave him access to many of his colleagues. I remember when with Dr. Trounce of the Department of Pharmacology, he co-operated to carry out a clinical trial on my behalf on an imported drug on rheumatism which a continental firm hoped to market here. His scientific skill and honesty came out in his report. His passing is a stark reminder of the saying "one never knows for whom the bells toll".

Yours, etc.,

HENRY WINDSLEY

1, Askew Road,
London, W.12.

Of Pills and Populations

SIR,—I should like to praise the sound materialism of the argument in favour of contraception published in *Passim* on 3.8.68. The simple, hard truth of the facts enlisted therein are undeniable and, at best, alarming. Much of their importance lies in their recognition, and it is in this respect that the medical profession has been prominent and has taken much of the initiative.

Yet it is in spite of apparently commonsense reasons for contraception, expressed by a large body of serious opinion, both clerical and lay, that the Pope has chosen to protest against a life of pure materialism. In so doing, he has helped to increase the starvation and overcrowding of underdeveloped countries, especially where Catholicism is, in effect, the State religion.

What is more important, however, than any amount of materialism is the exclusion by the encyclical of the role of the individual conscience. While the necessity for moral guidance is indisputable, it should never be absolute and as such the encyclical has created a breeding ground for spiritual torment, especially for Catholics in highly civilised countries where contraceptives are commonplace and the Church is no longer dominant.

It is argued that the teaching is not absolute since its allows the use of the so-called "safe" period for regulating birth. This consolation seems to constitute a contradiction. If the Church believes that this period really is safe, how is intercourse committed during the "safe" period "open to the transmission of life"? Of course, there is no completely safe period without contraception and it is beyond belief to think that the Church thinks otherwise.

The senior citizens of the Church do not make the teaching any more palatable by pouring scorn upon their inferiors for not discouraging birth control as a symbol of the permissive society. It is difficult to believe how these men, from their high places, can really appreciate its necessity and how they would have argued in favour of the permissive society if birth control had been sanctioned.

Yours, etc.,

RUSSELL COWAN

East Wing,
Guy's Hospital.

Open Discussion, Please

SIR,—It is understandable that with personalities involved, references to the recent difficulties involving senior nursing staff should have been so guarded. Nevertheless, the relationship between clinical and administrative staff must be discussed openly, not only because of its effect on our own hospital, but because patterns of practice at Guy's are likely to form the blueprint for elsewhere.

"Management" techniques are increasingly being regarded as the universal "cure all", but like all other techniques, they need to be used wisely, and a good manager can only 'manage' if he is given clear terms of reference by those who understand the patients' needs at first hand, or in other words, the medical and nursing staff.

Much modern expertise has been derived from the industrial and commercial fields, and whilst similarities may exist between these and the hospital, the areas of difference are considerable.

I am sure there remains a great deal to be learnt about efficient and humane medical administration, both in hospital and in the community and without free exchange of ideas and open discussion progress is unlikely to be made. The Guy's *Gazette* is perhaps the logical place for these exchanges to start.

Yours, etc.,

MICHAEL F. H. BUSH.

Health Department,
Elm Street, Ipswich.

NOTICES

GUY'S HOSPITAL LADIES' ASSOCIATION

The Ladies' Association are holding a Bargain Sale, to include jumble, jewellery, gifts, produce and white elephants, in the Chapter House, St. Thomas' Street, on October 18th, at 11.30 a.m. to 3.30 p.m.

Any contributions will be gratefully received either at the Front Lodge or at No. 4, St. Thomas' Street.

Mrs. M. K. Salmon, Hon. Secretary.

GUY'S HOSPITAL BIENNIAL DINNER

This year's Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, W.C.2, on Friday, 4th October, at 7.0 p.m. for 7.30 p.m. The Chairman will be Nils Eckhoff, Esq., M.S., F.R.C.S.

This dinner affords the most popular opportunity for old Guy's men and women—medical and dental graduates—to meet together and to renew the friendships of their student days.

It will be appreciated if Guy's men and women who intend to be present will apply for tickets, £2 2s. 0d., as soon as possible and not later than Monday, 23rd September, 1968, to the Hon. Secretary, Biennial Dinner, Guy's Hospital, London, S.E.1.

F. N. Glover, Hon. Secretary.

NURSING SECTION

Know the Whole Patient

"When I was a Ward Clerk," he said, "it went hard with you on the round if you could not tell the Chief all about the new patient. I don't mean just his history of family illness, his previous illnesses and the history of his present complaint, but you were expected to know where he lived and in what kind of dwelling, what his family was, what employment he had, his income, his habits, his pets and his vices."—"We have to know the whole patient," the Chief said.

It was my uncle talking about when he was a student at Guy's in the 1930s.

"They do not seem to teach this now," the old man said. "They do in Psychiatry," said the youngish man with the small beard. "He's a Charge Nurse from the Maudsley", said the man in the bowler hat. "Ah yes," said my uncle, "they were amongst the first to realise that the care of the patient in hospital is a team job. That is why they bring their nurses so much into the picture. After all, the nurses see much more of the patient than the doctors. Nurses see most, House Officers next, Registrars less and Consultants two or three times a week.

The quiet man said, "If you think about it, the more that is known about the animal by the most people, the more likely it is that something important will be discovered about it. He passed round his card. An F.R.Z.S. "I am a Professor of Zoology," he admitted modestly."

The physician said: "Has it ever occurred to you that since the inception of the N.H.S. it has been possible for a doctor to qualify, and then work in the hospital service until he reaches the rank of consultant without ever seeing a patient in the patient's own home—until he does his first domiciliary visit"? "He has never seen the animal in its natural environment," said the F.R.Z.S. "Precisely!" shouted my uncle and the Consultant Physican together.

"The fact is," said my uncle, "that it is not taught today that illness may make it necessary for the patient's whole way of life to be modified. We are too departmentalised. We say, "this is the nurse' job; that is the Medical Social Worker's job! The doctor should take responsibility for that! But, you see, if we are to do the job well we all need to know all about the patient and we should exchange ideas about him. I have known instances where the vital clue as to the patient's otherwise inexplicable failure to get well was provided by the junior nurse on the ward, because she was the only one whom the patient had told about his hatred for his wife; and he only told her because she looked like his youngest daughter, of whom he was so fond.

"But surely she had reported it." "O Lord, no. That would have required communication," said mon oncle. "Yes," said the physician, "it is not easy for a nurse to give her opinion. When I do my round I ask the ward sister to let the nurse in training come round with me, and I try to convince them that I shall not snub them if they make a suggestion and impart information, let alone ask a question." "You should have been a psychiatrist," said the Charge Nurse. "I become enraged," said my uncle, "when I hear quoted, ' the colostomy in No. 3 or the mastectomy in No. 10 '—they are all persons, human beings," he shouted, and began to foam at the mouth! "Too much draught Guinness," I said, "get him bitter next round!"

And so it was that it became clear to us that the care of patients is a team job in which all the hospital workers are involved, most of all the nurses. So it was that we understood that the reason for our existence, as a hospital—teaching, peripheral, chronic, or acute—is to provide a service to the community.

OBITUARY

A. Cedric M. Coxon,

T.D., M.A., M.B., B.Ch.(Cantab.), M.R.C.S. L.R.C.P., L.D.S., R.C.S.I.

Born in 1889 at Wisbech (Cambs.), son of a Dental Surgeon, was educated at the local Grammar School, from there took the Holmes Exhibition Scholarship to Magdalene College, Cambridge in October, 1907, where he studied medicine and took honours in the Natural Science Tripos. He remained there for four years and being a useful athlete gained colours for Rugger, Soccer, Cricket and Hockey. He came to Guy's in 1911 and joined the Fripp firm as a ward clerk. He gained Hospital Blues for soccer, cricket and hockey and played golf for the Hospital. He also had Blues for United Hospitals for soccer and hockey. At the outbreak of war he was mobilised with his Regiment, 5th Norfolks, and eventually his Division went to Sulva Bay. He saw very little fighting but was in the historic attack of the 5th Norfolks and was wounded and taken prisoner. As a P.o.W. his medical knowledge was of great help to his fellow P.o.Ws. as he was three months short of his finals on mobilisation. He obtained medical books through the Red Cross and began to study medicine again and was the unofficial M.O. to his camp. An interesting note of his usefulness appeared in a book, "A Prisoner of War," by John Still, and part of the text is this :—

> Our Stalwart Bill, the medical student of the party, a splendid person, was better than all the Turkish doctors. Much do we all owe to Bill and none more than I do, for he nursed me through several bad illnesses, although as he frankly confessed he hadn't done fevers when I had paratyphoid. A real wonder was our Bill and I hope he reads this some day. French was not his forte, but in the chemists' shops he always got what he wanted and went on till he did, turning out the chemist's stock on the counter. "Avez-vous ammoniated tin of quinine?" he would ask, and if the man said "No!", "Avez vous aucun else that will do similaire?" and in the end he would get it. He knew what words to leave out or put into English without destroying the sense. He did not lose any of his fellow P.o.Ws. in his camp.

He got back to Guy's in February 1919 and finished off his Cambridge M.B. and Conjoint by the end of 1919, and then went over to the Dental side and took the Dublin L.D.S. and began to practise in Kings Lynn with his father.

In June 1920 he married Miss Clark, A.R.R.C., the only daughter of Sir John Clark, Bart, of Edinburgh, and lived away from the practice in the village of Dersingham, near Sandringham, in West Norfolk. He did not at any time join the National Health Service, took over from his father the post of Honorary Dental Surgeon to the Kings Lynn and West Norfolk Hospital and for 20 years he gave his time on Saturday mornings doing major dental surgery such as fractured jaws and surgical extractions of difficult teeeth. During World War II he was busy with many formations, such as A.R.P., Emergency Medical Service, and later commanded a Home Guard Company around the district that contained Sandringham House. He was awarded the T.D. for long service and in 1946, at the end of the war, he sold his practice and bought a small private one in Abingdon-on-Thames, Berkshire, where he practised until 1960, when he retired.

His mother, an O.B.E., was the first Lady Mayor of Kings Lynn who, as a Member of Grays Inn, was called to the Bar at the age of 70.

His elder brother, now deceased, won the M.C. during the battle of the Somme.

He leaves a wife, a married daughter and a son in the Royal Navy.

BOOK REVIEWS

"A PRIMER OF PATHOLOGY"

By F. A. Ward, Butterworths, 1968 £1 2s. 6d.

The author has attempted to condense the whole of general pathology into 120 pages. In his introduction he states that his book is intended to be a guide to those just starting to learn the subject, to introduce them to the terminology and to direct attention to the more important aspects. The field covered by the book is in the main adequate but it must constantly be borne in mind that it is at a very superficial level and can in no way replace some fuller standard text-book on general pathology. The childish style in which the author has chosen to write is exceedingly irritating although his advice about frequently watching, and even writing up, post-mortem examinations cannot be too often repeated. There are really only two occasions on which this book might be of any value. Firstly, to be read the day (it won't take longer) before the course in pathology starts and secondly the day before Finals to jog the memory. As it will be only read on two occasions and in view of its price its purchase can hardly be justified, but it might be worthwhile borrowing it from a library.

COLIN HUNTER-CRAIG

TEXTBOOK OF SURGERY

Macfarlane and Thomas. Livingstone, 60/-. 1968.

This textbook of surgery now appearing in its second edition has established the recent trend towards a shorter and more compact volume. This is not to say that it is skimped in any way, for it deals with most subjects one is likely to encounter with a welcome clarity. It is also very up-to-date, being the contributions of seven young consultant surgeons with the problems of undergraduate teaching foremost in their minds. There is an absence of lengthy discussions bearing on traditional illnesses which are now rarely seen, and its replacement by chapters dealing with hospital infection, organ transplantation and chemotherapy.

If there is a criticism, it is of the occasional omission, and to quote one instance, one finds too small a consideration of head injuries, which, after all, occupy much time of the recently qualified doctor. Subdural haematoma is concluded in half a page. However, one very valuable aspect of the book is the appendage to each section of selected references, which indicate the most recent and excellent reviews of subjects which may particularly interest the reader.

The book is also well illustrated, containing a series of neat line drawings which adequately amplify the text.

There is an excellent section on orthopaedics, where the drawings are at their best, and the text is a clear treatise avoiding the repetition of which there is danger when the same conditions affect each joint.

If one's plan is to read right through an easily digestible book and approach finals armed with this, with the experience gained on the wards, and with the occasional reading of a review, then this book is ideally suited to that aim.

As an introduction to surgery therefore, it provides a concise easily read and not too expensive manual.

J. BULL.

SPORT

1968 OLYMPICS

With the selection of Rod Jones for the Olympic Swimming team, Guy's will have two representatives in Mexico this autumn. Jones won the A.S.A. 110 yards backstroke final at Blackpool last Saturday, and has been selected for the Medley Relay team. While his winning time did not reach the standard set by the selectors for the individual event, it does seem likely that he will, nevertheless, be entered for the 110 yards backstroke as well.

Our best wishes go with both him and Tim Kirk, cox of the London University eight. May they uphold all sorts of traditions well-known to Guy's sportsmen. . . . Anyone else for Mexico?

GOLF

Dai Davies has just completed a most successful week on the Old Course at St. Andrew's. He was playing in the Boyd Quaich Competition (played between the best golfers from British and Continental Universities). Davies, in lighter moments known as the "Gary Player of Guy's", producing his very best golf, went round in 77, 74, 75 and 74 to finish in tenth position.

This result was the high point of what has been a most impressive season for him. He has already won the London University Championship and set a new record on his home course at Pontypool.

H.O.P.

The renovation of the Clubhouse is now nearly complete. The changing rooms have been re-floored and four wash basins installed in the men's lavatories. The bar has been both extended and modernised, and the club room is in the process of being re-decorated. All this and more has been achieved at a cost somewhat in excess of £2,050. The builders will be finished by the end of August, so the Pavilion will be quite ready for the beginning of the 125th season of the Rugby Club. The first match is against Bromley at H.O.P. on September 7th. The full fixture list of the Rugby Club will be in the next Gazette.

DIARY

CRICKET 1st XI.

Saturday, August 24th v. Old Alleynians C.C. 2.30 p.m. Away.

The Cricket tour report has been unavoidably delayed because of the late return of our Staff Reporter. We hope that it will appear in the next *Gazette* along with the report of the Water Polo tour.

While these representatives of summer sport finish off their seasons in distant, perhaps warmer climes, the Rugby Club is hard at work at home training for next season. The next few weeks will see the return of many sun-tanned bodies heaving themselves around the field in preparation for a hard season's Rugby, Soccer and Hockey.

HOSPITAL INFORMATION

HOSPITAL APPOINTMENTS

GUY'S HOSPITAL
HOUSE APPOINTMENTS
September 1st 1968

House Physicians

Dr. Mann, Dr. Scott and Dr. Bishop	Mr. R. M. Ibbotson Mr. A. A. G. Thomson	3 *months* 6 *months*
Dr. Hardwick,	Mr. C. B. Brown	3 *months*
Professor Trounce and Dr. Deuchar	Mr. I. G. Crossman	6 *months*
Dr. Baker, Dr. Houston and Dr. Grimble	Mr. G. M. Edwards Mr. G. D. Schott	3 *months* 6 *months*
Dr. Kauntze and	Mr. E. Elias	3 *months*
Dr. Joiner	Mr. P. G. F. Swift	6 *months*
Professor Butterfield,	Mr. G. J. Gibson	3 *months*
Dr. MacLean and Dr. Lessof	Mr. J. P. Miller	6 *months*

House Surgeons

Professor Sir Hedley Atkins	Mrs. G. W. M. Baird	6 *months*
Mr. Wass	Mr. W. L. Brander	3 *months*
Mr. Blackburn	Mr. C. G. Barber	6 *months*
Mr. Lawrie	Mr. D. T. L. Turner	3 *months*
Mr. Glover	Mr. R. H. Greenwood	3 *months*

Mr. Brain Mr. D. J. Watkins
6 *months*
Mr. Beard Mr. J. G. Payne
3 *months*
Mr. Maynard Mr. D. G. Thomas
6 *months*

House Surgeon to the Surgical Unit
Mr. B. J. Rowlands
3 *months*

Gynaecological House Surgeon
Mr. J. D. Boxley
6 *months*

Throat and Ear House Surgeons
Mrs. J. M. Warin
3 *months*
Mr. J. Hibbert
6 *months*

Orthopaedic House Surgeons
Mr. J. S. Ashworth
3 *months*
Mr. G. A. W. Ross
6 *months*

Genito-Urinary House Surgeon
Mr. P. J. C. Trenchard
3 *months*

Children's House Physicians
Mr. V. J. Harvey
3 *months*
Mr. G. V. Pay
6 *months*

House Physician to Dr. Bishop and Radiotherapy
Mr. W. R. Dunham
6 *months*

Casualty Officers
Mr. N. C. Hamblyn
3 *months*
Mr. K. Kermani
3 *months*
Mr. I. Reekie
3 *months*
Mr. L. D. Byer
6 *months*
Mrs. A. M. Hendrick
6 *months*

Resident Obstetricians
Mr. W. Snidvongs
3 *months*
Mr. G. F. Rushforth
6 *months*

Neurological House Physician
Mr. R. K. Jacoby
6 *months*

Dermatological House Physician
Mr. H. J. N. Bethell
6 *months*

House Physician in Child Psychiatry
Readvertised
6 *months*

House Surgeons to the Thoracic Unit
Mr. J. H. Tripp
3 *months*
Mr. J. D. Stevens (S.H.O.)
6 *months*

House Physicians in the Department of Psychological Medicine
Miss W. M. Rostron 1. 4.68—30.9.68
Mrs. A. M. Birch 1.10.68—31.3.69
Mr. W. P. J. C. Onyeama 1.10.68—31.3.69

Resident Anaesthetists
Mr. D. P. G. Griffiths
3 *months*
Mr. J. H. Williams
3 *months*
Mrs. E. A. Welsh
6 *months*
Mrs. C. A. Topham
6 *months*

R.M.O.s in Nuffield House
Mr. A. P. Warin 1.7.68—31.12.68
Mr. J. F. Haggis 1.9.68—28. 2.69

Children's House Physicians at Evelina Hospital
Mrs. A. M. Birch 1. 4.68—30. 9.68
Mr. H. Chahin 1. 6.68—30.11.68
Mr. A. J. O'Donnell 1. 8.68—31. 1.69
Mr. M. E. Pembrey 1.10.68—31. 3.69

Casualty Officer at Evelina Hospital
Mrs. A. Yaqub
6 *months*

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House Physicians:
Mr. S. R. C. J. Stanley-Little
3 *months*
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6 *months*
House Surgeon:
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3 *months*
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6 *months*
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6 *months*

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3 *months*
Mr. D. A. Joselin (S.H.O.)
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House Surgeon to Mr. Le Brun:
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Mr. M. I. Appleby
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House Surgeon to Mr. Williams:
Mr. R. N. Jones
3 *months*
House Physician to Dr. Llewellyn Smith:
Mr. R. J. Tate
6 *months*

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Mr. D. R. H. Vernon
3 *months*
Mr. D. G. A. Watson (S.H.O.)
6 *months*

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3 months

House Surgeon to Mr. O'Flynn and Mr. Fyfe:
Mr. R. A. Williams
3 months

House Surgeon to Mr. Sandry, Mr. Candy and Mr. Gabe:
Mr. P. M. J. Domaingue
6 months

PEMBURY HOSPITAL

House Surgeon:
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6 months

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Mr. M. N. Bahemuka
3 months

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3 months

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Superintendent

August 7th, 1968.

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Final State Examination June, 1968

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Brown, P. H.
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(née Withey)
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Worthing, E. S.
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1962 Experimental Syllabus

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Jones, B. P.

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Final Examination, July, 1968

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Jackson, S. Mrs.
Proctor, S. Miss

PERSONAL

WANTED—Associate/Assistant wanted in busy dental practice in Newport, Mon. Please write D. J. Gallivan, 94 Caerleon Road, Newport, Mon.

WANTED—Assistant Dental Surgeon full time, 5 day week, no Saturdays, good remuneration. Near Guy's, Tel: 237-2085, W. Dobson, 206 Grange Road, S.E.1.

CHANGES OF ADDRESS

J. L. Clemmey (Miss), 3, Queen's Drive, Liverpool, 18

Dr. E. C. Gross, The Friars, Boley Hill, Rochester, Kent. Tel: Medway 41448.

Mr. and Mrs. T. W. Jamieson (née Taylor)), 32, Oxford Court, Springfield, Chelmsford, Essex.

Dr. and Mrs. G. Llewellin, "Ty Gwyn", 100b, Wrotham Road, Gravesend, Kent.

Mr. and Mrs. John Norton, (Dr. June Brett) 92 Court Road, Eltham, London S.E.9 Tel: 01-850 3084.

Dr. A. P. Staz, c/o Standard Bank Ltd., 28 Northumberland Avenue, London, W.C.2.

Professor and Mrs. G. Stead, Flat 8, Coombe Court, The Avenue, Tadworth, Surrey (from 15th August). Tel: Tadworth 2466.

MARRIAGE

JAMIESON—TAYLOR—On 15th June, 1968 at All Saints Church Springfield, Thomas William Wylie, elder son of Mr. and Mrs. T. D. Jamieson of Ardersier, Invernes-shire, Scotland, to Charlotte only daughter of Mr. and Mrs. R. L. Taylor of Springfield, Chelmsford, Essex.

BIRTH

TRAFFORD—On August 6th, at Brighton General Hospital, to Helen (née Chalk, S.R.N.) and Dr. Anthony Trafford, a daughter, Tania Helen.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2090

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Education for Mental Health

In the early years of this century an American named Clifford Beers suffered a series of attacks of manic-depressive psychosis and made serious attempts at taking his own life on a number of occasions. After numerous state hospital admissions, he eventually made an excellent recovery, emerging with a vivid recollection of what it is like to be mentally unbalanced and disturbed and the sort of treatment to which mentally ill people are liable to be subjected. He published his experiences in the book "A Mind that Found Itself", and then devoted the rest of his life in campaigning for better understanding and treatment of mental illness which developed into the mental hygiene movement and culminated in the foundation of the World Federation for Mental Health in 1948.

This non-governmental multi-disciplinary federation provides the meeting place and a centre for action, for some hundreds of organisations and many thousands of individuals who are concerned with the promotion of mental health and the relief of mental illness.

Yet with all this, scientists, surgeons and physicians show more ignorance of the workings of the human mind than general practitioners, and it is the latter who have been most active in drawing attention to the high prevalence of emotionally determined illness.

Even today it is still necessary to point out that medical scientists who remain illiterate with respect to human psychology and social interactions will never make good doctors. Popular misconceptions and prejudice still prevail among the most respected of the medical profession and old negative attitudes die hard.

Fortunately, the climate of opinion in medical education is slowly changing in favour of a greater emphasis on the behavioural sciences but opposition by those in the position to institute change will make it another generation before doctors will be alert to the signs and symptoms of emotional disturbance as they are to the more recognised organic dysfunctions.

The enormity of the problem is reflected in that in Great Britain one man in fourteen and one woman in nine will require psychiatric care at some period in their lives; that one family in five is affected and that half the hospital beds are occupied by mentally ill people. Sixty-seven mental hospitals in this country have more than 1,000 beds and of these forty were built before the turn of the century. In addition, these hospitals are often grossly overcrowded and understaffed, the very installations being of such poor quality, in many instances, as to endanger the physical health of the patients, let alone provide an environment conducive to emotional convalescence.

Many "inmates" of these institutions, for "inmates" they well may be described, languish today in cramped, dirty, fly-ridden, evil-smelling premises which bear no resemblance at all to a therapeutic community; many more are left at large in the community undiagnosed, untreated and unproductive members of society.

What is needed first is Education, education of those who should know better—doctors, social workers, community leaders, governmental bodies and those who decide where public money is best spent.

While ignorance and indifference and even hostility towards the subject of mental health continues among some members of the medical and other professions, public acceptance of the need for better treatment of the mentally afflicted will be harder to achieve, and in one of the so-called most civilized countries there is little excuse for this ignorance.

Student Health Services

Relations between Student Health Officers and Senior members of the Staff of a College have recently come under examination by the executive committee of the M.D.U. This followed the demand by the College Authorities that their Student Health Doctor should reveal to them the names of girls that the doctor knew to be, or to have been pregnant and that lived in the College. The doctor refused to give this information without the permission of the girls involved. The M.D.U. fully endorsed the doctor's decision and the doctor has now been removed from his post on the strength of some economic reasoning that suddenly came to light.

This case raises two problems. The first is the perennial problem of anyone responsible for the well-being of a group of young girls, the second concerns the duty of a doctor, given the care of such a group, to the girls that are his patients. It does seem impertinent of the College Authorities to expect a doctor to abandon his special relationship with his patients at their behest.

It is one of the foundation stones of our code of practice that any facts divulged or discovered in the course of a doctor-patient relationship are treated in strict confidence and are only communicated to other, non-medical, persons with the permission of the patient (the patient being of such an age and intelligence as to be able to give this permission). This respect of confidences is expected and trusted by patients and it is often only in the light of this trust that a patient is willing or able to give sufficient information to the doctor to allow him to proceed in a sensible manner. As this confidence is part of the relationship between a doctor and his patients in practice, so ought it to be between a doctor and his patients if they form part of a community.

This does not mean that a doctor, if he sees fit, will not do all in his power to persuade his patient, especially in the case of an unmarried pregnant girl, to tell her parents herself. In fact, a doctor in General Practice, knowing the girl's home circumstances, will be able to judge what he holds to be in the best interest of the patient and vary the pressure he may apply for the information to be disclosed accordingly. It is not, however, in the case of a girl over the age of sixteen, part of his job to tell the parents himself without the girl's permission.

If this applies between daughter and parents, how much more does it apply between students and those who, at the most, are temporarily *in loco parentis.*

Perhaps the fault lies with those in this position. The fact that the girls did not have enough trust in their College Authorities shows that there exists a lack of understanding and sympathy between Students and Staff. Had the girls known that their superiors would have tried to appreciate their problem, to help them through a difficult time with sympathy, then they might have gone willingly to them to announce their pregnancy and to ask for help. But we stray into the realms of morality that are outside our brief.

Rugby Club 125th Anniversary

We would refer all readers to the back cover of this magazine upon which are printed details of the forthcoming celebrations for this memorable anniversary. Dr. Windsor Lewis, with all his experience in senior rugby, can be relied upon to bring along a team that will be amply worthy, and probably more than equal to the occasion. John Davies' team, if anything can be achieved by enthusiasm and hard work, will, we are sure, uphold the reputation of Guy's rugby in such illustrious company.

As for the dinner, we gather that the motto is "The more the merrier".

This is the oldest Rugby Club, save only Rugby School itself.

Psychiatry at Guy's

by

Andrew C. Smith

Although the York Clinic faces towards the Borough High Street and is remarkably difficult to find if you are starting from anywhere else in Guy's, we do not turn our back on the rest of the hospital ; in fact, the psychiatrists were never more than now engaged in contributing to its clinical life. In the York Clinic and the Munro Clinic for out-patients all the members of the staff have continued the firm integration of psychiatric work within the clinical practice of medicine, and as will be seen, much of the research is of direct clinical relevance, frequently to doctors in all departments. The facilities have been improved through the redecoration of the whole of the York Clinic, the installation of piped oxygen and the reconstruction of the lift still in progress.

We have increased the scope of day-treatment in accordance with the trend in psychiatry generally, to treat larger numbers of patients without admission, so requiring less disorganization of their personal lives. More day-patients attend, and they can receive any of the forms of treatment, be it psychotherapy, medication, electric treatment, a series of investigations, occupational rehabilitation, or any combination of these.

The clinical teaching of the undergraduate students is further extended than formerly, with frequent tutorials, seminars at which patients are seen and discussed and case takings in the wards and clinics. Some cases are taken on by students, especially those on

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Dr. Andrew Smith is a Senior Registrar in the Dept. of Psychological Medicine.

elective appointments, for a short period of psychotherapy of the less complex kind, under supervision, a form of experience undoubtedly valuable to all involved. This year there has been a pilot trial of a short multiple-choice examination of the clerks at the end of the appointment, not because we would wish to add perceptibly to the burden of examination, but to assess the success (or detect the lack of success) of our programme in imparting some knowledge of our subject. The test required only twenty minutes to answer, which is not burdensome, and the results are being studied.

Research Activities

Some of the current activities which are probably less well known outside our department are now mentioned :—

Clinical Film

Dr. Stafford-Clark has been involved in shooting a clinical film on the script of which he collaborated and in which he speaks. The film teaches about the clinical features and treatment of phobic anxiety states, being based largely on the story of a man recently an in-patient in the York Clinic, disabled by phobias which prevented him from going to work, eating out, going to barbers or passing churches. The treatment was successful in completely rehabilitating him and the film was shot in the clinic in the places where he was treated. It is to be hoped that it will be as successful as Dr. Stafford-Clark's last film, "And then there was one", which deals with depressive illness, and won several awards for medical films.

The new consultant psychiatrist specializing in drug addiction, Dr. James Willis, has started work together with his social workers, and holds clinics here, with beds for those needing admission at Bexley Hospital.

E.C.T. and Memory

Dr. Fleminger and Dr. Nott, the research registrar, have conducted important studies on the effectiveness and side effects of different techniques of administration of E.C.T. The results show that applying the electrodes and therefore the current to the right side of the head in unambiguously right-handed patients gives just as good results in terms of remission of depressive illness as when the electrodes are applied one to each temple. The side effect of temporary memory disturbance is however markedly reduced by the technique of applying the convulsive stimulus to the non-dominant hemisphere. It is now routine practice in the York Clinic to give right sided E.C.T. to the right-handed, but we are not yet certain of the best technique for the left-handed and ambidextrous patients.

Dr. Nott has also been analysing the presenting symptoms of dementia among our patients, with the unexpected result that the commonest of all was depressive mood. A follow-up study of in-patients to study their health a year later is in progress by the social worker, Mrs. Lal and Dr. Fleminger.

Renal Disease and its effects

Dr. A. C. Smith conducted pilot studies of the psychiatric aspects of renal intermittent dialysis and transplantation after papers had been published in the *British Medical Journal* from Australia pointing out the problems of dependence on staff, despair and preoccupation with arterio-venous shunt function which had been found. With living donor transplantation even greater problems arise, including the assessment of motivation and stability in those coming forward or being pushed forward in the prospective recipient's family. The former group of problems are much less marked at Guy's (and similar findings have since been published from other units), probably because the unit under Dr. Stewart Cameron had already been run along imaginative lines which paid perceptive and full attention to the patient as a whole and frightened person. Living donor transplantation has been rare here and problems of pressure and reluctance among the families have been greatly reduced by the policy of not suggesting the possibility of the living donor operation until it is first mentioned by the family, unprompted.

Exchange Scheme

In the summer, Dr. Smith will take part in a pilot exchange scheme with the United States, the first such exchange in psychiatry at Guy's. He will be visiting assistant professor at Mendocino State Hospital, California, and an American colleague will be studying at Guy's. There are very marked differences between psychiatric practice in the U.S.A. and here, and the cross-fertilization of ideas should be stimulating to all concerned. A paper on Dr. Smith's research on the difficulties and controversies surrounding the formation of a satisfactory definition of delusion in course of publication, in the *British Journal of Medical Psychology*.

Of the Registrars, Dr. Standage has started a study of psychological aspects of asthma, and Dr. Carson, the emergency registrar, has continued to supply emergency and front line help with acute psychiatric problems all over the hospital in wards and casualty. The number of admissions to medical and surgical wards after suicide attempts grows constantly, and all of these cases receive a full psychiatric assessment of the need for further action first being visited by Dr. Carson in preparation for the consultant's visit.

A new clinical departure has been the inauguration of group therapy, held at 7 p.m. weekly by Mr. Horne, psychologist, and Miss La Bree, Psychiatric Social Worker with postgraduate experience in the work—the therapy enables a number of patients with personality disorders and psychogenic disturbances which severely affect their interpersonal relationships, to have relevant treatment directed at social maturity while remaining at full-time employment.

Improving Psychological Testing

The clinical psychology department has continued, in the persons of Mr. Horne and Mr. Hodgson, to aid the clinical staff in the scientific assessment of patients by certain standard techniques, the most well known being intelligence tests, but including many other measures of personality and thought disorder and cerebral function. Research has included a study of the psychological effects of stereotactic operations for Parkinsonism and a study of methods which could be used to screen prospective entrants to the professions for mental instability. If such a screening test could be developed and validated, and then applied at the beginning of the course of study, much later distress would be avoided by directing advice to those in danger of illness.

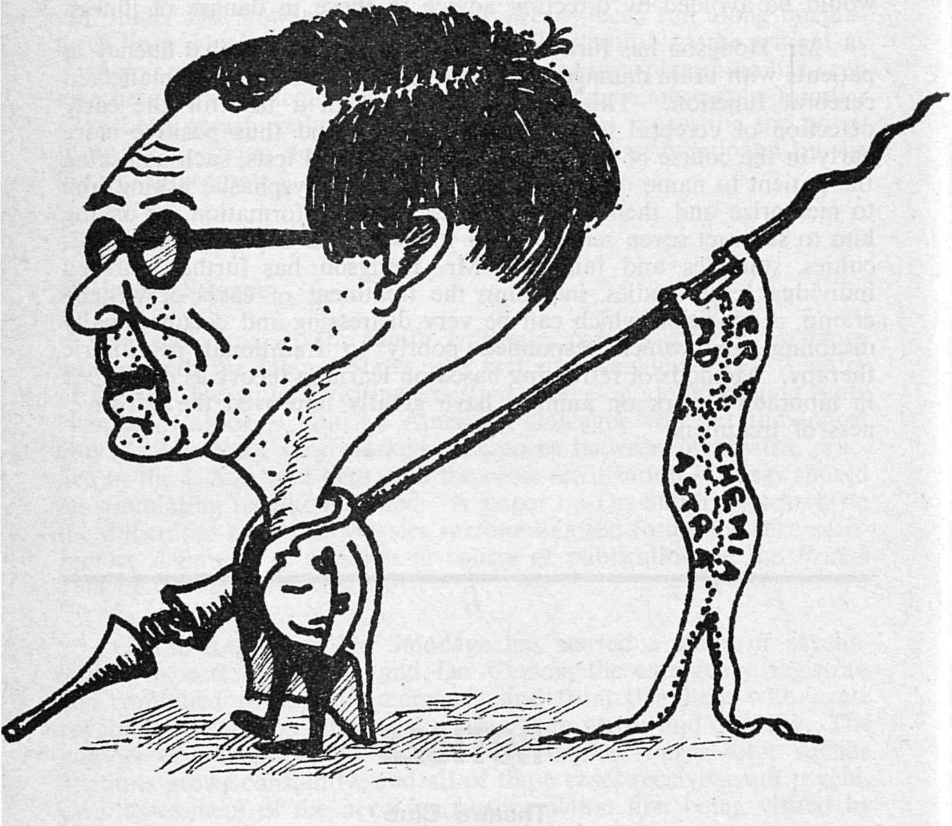
Mr. Hodgson has further pursued researches on verbal fluency in patients with brain damage as compared with patients with unaffected cerebral function. This work could lead to a test for the early detection of cerebral lesions, more sensitive and thus positive more early in the course of the illness than the clinical tests, such as asking the patient to name objects, to detect nominal dysphasia, asking him to memorize and then recall items of simple information, or asking him to subtract seven serially from 100 while the observer notes difficulties, stumbles and failures. Mr. Hodgson has further pursued individual case studies, including the treatment of cases of writer's cramp, a condition which can be very distressing and occupationally disabling, and which responded poorly to traditional psychiatric therapy. Methods of retraining based on learning theory as developed in laboratory work on animals have greatly improved the effectiveness of treatment.

NOTICES

Theatre Club

The Committee will be pleased to receive applications for producers and plays for the winter production. Applications should be made to Russell Cowan by Monday, 16th September.

Dr. Anderson


PER
AD
CHEMIA
ASTRA

Some Personal Musical Pleasures

by

G. L. Davies

As a person of no importance, musically, medically, or otherwise, it is perhaps somewhat presumptuous to try and write about my own musical predilections. However, on searching for a title, there came into my mind that witty and erudite little volume of the late Rose Macaulay called " Personal Pleasures", and it struck me that a small innocent plagiarism could offend no one.

Everyone with a taste for "good music", as the late Sir Malcolm Sargent called it, has one or more favourite tunes even though it may be only that of "Away to the maypole Joan let us hie", or something to do with "hey, nonny nonny", no aspersions being cast, incidentally, on Elizabethan music, much of which is very tuneful. The opportunities to-day, however, of hearing a wealth of good music, mainly through the B.B.C.'s Third Programme, are such that one's repertoire of beautiful music constantly increases. One of my early delights was the *Casse-Noisette* suite as I heard it in the Halcyon days before the 1914 War, and this still retains my affection, though Schubert's 8th Symphony ("The Unfinished") which invariably drew me once upon a time to Henry Wood's Concerts at the Queen's Hall in the days of the *maestro* himself has now lost much of its savour, a warning that, to hear one's favourites too often, is a mistake. Not so, much else of Schubert's, in particular his No. 2 and No. 9 Symphonies and his No. 2 Concerto. It has been said of a song of his which was originally called "To Music" and which has been adapted under the same title to the piano in recent years by Gerald Moore, that it was "the song a musician would wish to be sung at his own passing; every bar and phrase of it is immortal ". Fortunately, to a piano player of very moderate ability, it is not difficult to perform.

To the French novelist—Françoise Sagan—who entitled one of her books " Aimez-vous Brahms?" one would like to say, *"Oui, de*

Dr. Davies is a Guy's man who has both been a subscriber and a regular contributor and correspondent since the '20s.

tout mon coeur". To have sleepily put down one's book at the fireside after a strenuous day perhaps in the garden, and to put on a record of Brahms' First Symphony, and to wait in blissful anticipation for the 2nd movement of this entrancing Symphony, is to me one of the joys of life. His Third and Fourth Symphonies, too, are not far behind in their potential for sheer musical delight.

Lovers of music are no doubt aware of two facts associated with the cultivation of good music. They are that, on first hearing a certain piece of music it may seem to have no particular attraction, but that, after two or three hearings, one becomes a complete devotee of that piece. The other is that, after hearing a certain piece and perhaps being fascinated by it, yet one has not the slightest recollection of it the next day, or perhaps not for several days. Then suddenly there bursts upon one's musical consciousness all the melodious notes which had stirred one so deeply at the time. I have sometimes wondered whether this was what Keats had in mind when he wrote:

" Heard melodies are sweet, but
Those unheard are sweeter ".

I will not try to expound my own rather metaphysical explanation of this phenomenon; others could do it better no doubt.

Berlioz (1803-69) has much for those who like the *crescendo* and *fortissimo* inherent in large orchestras; " over-emphasis " has been the charge laid against Berlioz, but I like it, not that I favour noise as such. Berlioz's inspiring "Marche funèbre et triomphale", written in memory of the victims of the revolutionary risings in Paris of 1870, was played with a march of the orchestra, headed by Berlioz himself, to the Place de la Bastille. His " Roméo et Juliette ", based on Shakespeare's play, is described as a " dramatic symphony", and has passages of the greatest musical beauty. *Liszt* (1811-66), a contemporary of Berlioz's, seems to have suffered some decline in popularity, but perhaps mostly at the hands of critics of whom one is inclined to say at times as Dr. Johnson did of politicians—" a lot of factious hogs, sir". His Symphonic Poems, the Faust Symphony, and the Orpheus Symphonic Poem and Les Préludes have much the same effect on me as the 2nd movement of Brahms' First Symphony referred to above in that they possess a dreamy, almost voluptuous quality of music and, given the right mood, one asks for nothing better. Liszt was of course a contemporary of Chopin's, both of whom had a tremendous vogue in their own day, and did not have to wait for posthumous fame. Chopin has something for everybody, and one cannot really make any invidious distinctions when discussing his many-faceted genius. His Mazurkas, Waltzes and Nocturnes in particular all have great appeal and are truly representative of his musical genius in all its aspects. Perhaps today when the same music is often repeatedly broadcast, there is danger of even Chopin becoming a bit hackneyed.

To turn from the rumbustious musical delights of Berlioz and Richard Strauss (Til Eulenspiegel and Don Juan amongst others) to the nostalgic romanticism of Delius is often a welcome contrast. Everyone knows his " On first hearing the cuckoo in spring ", but there is another less well-known piece called " The Florida Suite ", written by him as a young man when he was orange-planting in Florida. It was discovered and revealed to the musical world by Sir Thomas Beecham many years after it was composed. This is a charming idyllic piece of music, only heard by me once in the last three years on radio when I was fortunate enough to make an excellent tape-recording of it. It is reminiscent in one part of Respighi's " The Pines of Rome " which also well deserves to be heard more often. What can one say of the music of that greatest of English composers—Elgar, except that it seems completely redolent of England and, when one says "England" one must ask one's self like some poet once did: "What do they know of England who only England know?" One has no space or time to talk of Verdi or those harmonious representatives of the gaiety of Spanish music, viz. Granados and Albeniz.

A question one would like to ask is: " Does the music of the day reflect current life?" The late George Gershwin (died 1937) said: "Music must reflect the thoughts and aspiration of the people and the time. My people are American, my time is today". In that case some of the performing Bacchants whom one sees on the stage, and the howling mobs of young people running down the streets shouting slogans and committing acts of violence are typical of Gershwin's views. But we know that the more sober-minded and cultured members of the community still prefer the music which was written many years ago and which is now known as "Classical". As was said of Shakespeare that he was "not for an age, but for all time", so can that be said about classical music. Perhaps one may also here utter a word of caution to music lovers or book lovers and that is that, if you have a gramophone record or a book which are an ever-present source of delight to you, don't be too ready to think that some of your friends will enjoy them as much as you do. As you listen to the joltings and jerkings on your record when it returns, your spirits will sink lower and lower, and you will decide that your friend must use a tin-tack and not a stylus. And if your book has the imprint of three greasy fingers on the back cover and an undoubted splash of gravy on the front, you will come to the sad conclusion that your friends do not worship at the shrine of Clio as fervently as you do. You must, however, accept with resignation these minor disasters of life or lose your friends. Was it not old Polonius in *Hamlet* who said—

> " Neither a borrower nor a lender be
> For loan oft loses both itself and friend ".

Shakespeare of course was always right.

La Cave

or

A Study in Hospital Planning

by

Roy Goulding

Tremendous thought and effort have gone into the planning of the new Tower Block. It is to rise to the grand height of some thirty floors above ground level. But has equal consideration been given to what shall lie underneath it? Reflections of this kind are prompted by the layout of another hospital, many centuries old, in the city of Strasbourg.

According to legend, the Third Duke of Alsace founded the first hospital in the district as long ago as 657. Episcopal statutes of 1150 certainly made reference to such an institution. At any rate, in 1298 a disastrous fire is known to have razed the hospital as it then existed, sparing only the chapel.

Then, between about 1313 and 1316, epidemic, famine and death scourged the population and Bishop Henry IV of Geroldseck accordingly saw fit to make land available for a second hospital, with buildings to include "a chapel surrounded by a cemetery", as well as a garden in which to grow herbs and an orchard to supply fruits. Within a year the first of the inmates moved in. But this venture was not to survive for long. In 1392 the municipal authorities of Strasbourg saw fit, for strategic reasons, to carry out extensive demolition in certain suburbs of the town and in execution thereof the hospital was eliminated. Its inmates were moved to improvised quarters elsewhere.

In 1395, work began on the third, or "great", hospital. Construction extended over three years, though the chapel, for some inexplicable reason, was not finished until 1428. But it was in 1395 that the wine cellar, an unusual specimen of the Alsation architecture of the period, was first created—a magnificently and massively pillared vault designed to support the buildings overhead. From that time onwards the buying and handling of all the wine for the hospital's needs have been conducted in these premises.

Meanwhile the hospital itself made steady progress. In 1490 the first anatomical demonstrations were being undertaken and, at about the same time, the oldest recognised order of midwives in Western

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Dr. Goulding is Director of the Poisons Reference Service.

Europe was established. Significantly, too, on the medical side, the first doctor was appointed to live within the precincts in order to deal with any emergencies that might arise (no mention is made of the location of his room in relation to the wine cellar) and, in 1528, Jean de Gersdorff, also called Schylans, published a treatise on surgery even before the famous Ambroise Pare.

A Great Fire

But disaster was again to take a hand. In 1716 another disastrous fire destroyed virtually all the buildings though, thankfully, the cellar remained intact and when, from 1718 to 1724 the architect Mollinger undertook to complete reconstruction he incorporated the existing underground vaults in his new scheme. And while, over the succeeding two centuries and more, the cellar has survived, various other events have marked the hospital's progress. Thus, in 1728, J. J. Fried first suggested that the midwives should be instructed by the doctor, and a school for midwives was formally inaugurated six years later. In 1738 a professor of pathology was appointed and authorised "to give practical demonstrations at the patients' bedsides". During 1795, reflecting the spirit of the Revolution, the name of the Hospital Civil was changed to the Hospital de Bourgeois and the Hospice de l'Egalite. Then, in 1825, the first chair of morbid anatomy in France was established at Strasbourg. Thereafter, more and more of the specialities became catered for, while the hospital emerged from the vicissitudes of the Franco-Prussian conflict. Today, what might elsewhere be described as its extensive "campus" is proving inadequate and plans are going ahead for extensive redevelopment and expansion. But, along with this emergence of the new, the old is being retained, not least of all in the cellar. Rows of handsome barrels continue to line the walls, three of them dating back to 1472, 1519 and 1525. The oldest of these still contains its quota of wine mixed, it is said, with vestiges of that remaining from the year when it was first commissioned. According to the local historian Fischart it was from this same cask that the Strasburgers rewarded the Zurichois who came so readily to their rescue in 1576. Again, when the laying of the foundation stone of the third hospital was celebrated on 2nd May, 1718, good Alsation wine was also dispensed from this cask.

Among the other vessels to which attention is drawn is one of 36 hl. capacity dated 1735, another of 127 hl. dated 1748 and a third of 95 hl. from the time of Louis XVI, with its front in the form of a pear, the base oval and an elaborate inscription of which only the lilies remain. In 1881 a barrel holding 267 h. and bearing the arms of the hospital was fashioned by the cooper Fruhins-Holz, this being exhibited at the Paris International Exhibition of 1900. But probably the masterpiece of all is a vast cask of which delivery was taken on the eve of the Second World War, holding as much as 1,050 hl. All of these, along with many others, are in use to this day. In addition there are all the instruments and tools of the winemaker's trade. Thus there is an old press bearing the date 1728, together with modern equipment for the everyday working of the cellar. For this part of the hospital is not just a museum. Under the direct supervision of the steward it is the centre of delivery each year of a large gallonage of the local Alsation vintage. Following storage and selection it is bottled off and supplied to the staff and patients of the hospital—and also, fortunately, to visitors throughout the year.

The Lesson to Learn

To return to the theme, is adequate provision being made for this sort of facility in the new Guy's? Why should we depend upon the entrepreneurs in the arches under the railway across the road? Why should not the authorities make suitable arrangements on the spot? What Strasbourg first saw fit to do in 1395 might surely serve as admirable precedent for the Borough in 1975 or so. After all, it is only a form of dispensing !

Wilks and Bright Wards

The renovations and improvements in these two wards have now been completed. The process of transfer of equipment and patients from New Cross will be finished by August 28th. These patients will be accommodated in Bright Ward. As from September 3rd, the Medical Firms will revert to the three- and four-day Take-in and patients will be admitted to the non-intensive care part of Wilks Ward from that date. The Intensive Care Ward, which occupies the east side of Wilks Ward, is expected to open on or around 1st October.

At the moment there are no plans for a mid-term re-arrangement of the Students on Medical Firms. This will mean that, in the absence of any volunteers, there will be no students on Take-in for the Kauntze-Joiner or the Baker-Houston firms. Nor, and pity the housemen, will there be a willing band of helpers to take the bloods and do the "occults" on the routine patients.

This situation will be resolved in October when there will be a full complement of firms for which the students will be able to apply.

CORRESPONDENCE

Pills and Populations

SIR,—In reply to your letter "of pills and populations", may I put forward in your columns the Christian aspect of Humanae Vitae. Since the publication of the papal encyclical, the Press has conducted a neurotic campaign against the teaching of the Pope.

The main theme of this document is the dignity of man and the institution of marriage. Christian marriage is a vocation which begins at baptism and is *strengthened by the sacrament of matrimony.* Therefore *it is not within the* right of any man to frustrate or control the gift of life, a right which belongs only to God.

Overcrowding, underdeveloped countries, and starvation are lineal arguments as old as the church itself. These conditions are a rebuke to the rest of mankind, and are a reminder to wealthy countries to offer material help, and this can be improved by our efforts to raise our moral standards. What is called a decline in morals is largely an expression of moral uncertainty. Individual conscience *is to be commended, though we owe it to ourselves to make sure that our con*science is properly informed.

The theologian does not pretend to know the art of medicine, therefore the doctor should not presume to tell the Pope what is good for the soul and conscience of mankind. The Holy Father has re-stated the teaching not only of the Roman Catholic Church, but of Christendom he has given a directive; and thus he has spoken as the Vicar of Christ and not as one giving approval to one's private views.

Yours, etc.,
P. R. UNDERWOOD, S.R.N.

Outpatients' Annexe,
Guy's Hospital, S.E.1.

"It tolls for thee"

SIR,—Dr. Windsley reminds us that " one never knows for whom the bells toll", but John Donne felt we ought to know. With the founding of the Hume Kendall Trust it might be an appropriate time to remind your readers of his words:

> No man is an *Iland,* intire of it
> selfe; every man is a peece of the
> *Continent,* a part of the *maine;* if a
> Clod be washed away by the *Sea,* Europe
> is the lesse, as well as if a *Promontorie*
> were, as well as if a *Mannor* of thy
> *friends* or of *thine owne* were; any man's
> death diminishes *me,* because I am involved
> in *Mankinde;* And therefore never send to
> know for whom the *bell* tolls; it tolls
> for *thee.*

Yours, etc.,
NESTA CHENEY.

Medical School,
Guy's Hospital, S.E.1.

Guy's Directory

SIR,—In course of preparation of the new edition of the Guy's Directory, a card has been sent to every Guy's medical and dental graduate at his last known address. If there are any who have not yet returned the card duly completed, will they please do so at their earliest possible convenience. If there are any who have not received any communication, will they please let me know forthwith. It will assist the Administration very greatly if, when the card is completed, attention is given to the provision of the details which are requested.

Yours, etc.,

F. S. WARNER.

Medical and Dental Schools,
Guy's Hospital,
London Bridge, S.E.1.

OBITUARY

L. S. Fry, M.D., D.P.H.

Dr. L. S. Fry, formerly consultant chest physician to St. Margaret's Hospital, Epping, died at his home at Bishop's Stortford on 22nd May, at the age of 78.

Lewis Salisbury ("Aubrey") Fry was born on 30th August, 1889, and was educated at Clifton College, King's College, Cambridge, and Guy's Hospital, qualifying with the Conjoint diploma in 1915. After a period of service with the Royal Navy during the first world war, he became assistant medical officer at Queen Mary's Hospital for Children at Carshalton. He took the D.P.H. in 1920 and graduated M.B., B.Ch. in 1923, proceeding M.D. in 1930. Leaving his appointment at Carshalton he became medical officer of health for the districts of Chigwell and Waltham Abbey, and spent the final years of his professional work as consultant chest physician to St. Margaret's Hospital, Epping. His devotion to his patients and his therapeutic skill have ensured that he is still remembered with a deep affection and gratitude by those he served so well.

Aubrey Fry was a man of many virtues, all of which sprang from his innate love of his fellow man combined with an unawareness of self. Modesty without a trace of inferiority, courage without aggression, gentleness without weakness, were the hall-marks of his character. He was an entrancing companion with a lively, inquiring mind, endlessly curious about the beauties and wonders of the world in which he lived. Deeply devoted to social justice, he pursued an unswerving radicalism throughout the whole of his life. His service to the community extended beyond his profession. He established at Saffron Walden a garden originally belonging to his family for the benefit of the public, and built within its boundary an art gallery in which he placed on view to the public a number of outstanding pictures. He supported all the organizations with which he had a community interest—the Georgian Society, the Royal Horticultural Society, the Christian Socialist Society, and many more. He rejoiced in his family life and in his talented children, with whom he had an ideal relationship, and in his marriage with his beloved wife, Margaret. The true nature of this relationship was never more clearly revealed than in the last sad months, borne together in wonderful courage, tenderness and gaiety.

All those who knew and loved Aubrey Fry may mourn, but they should also rejoice at the privilege they have known in sharing his radiant and enriching presence.—D.H.I.

Reprinted from the "British Medical Journal".

NURSING SECTION

Progressive Patient Care

In Florence Nightingale's time, progressive patient care within the ward boundaries was practised; the most sick patients were arranged near the nurses' station, and as they became better, they progressed away until they were at the further ends of the ward. Today, a hundred years later, this idea is still utilised in Britain, and especially in Guy's, where we have the Nightingale open ward system. Florence Nightingale was a modern woman in her time—introducing many new ideas. A century later we must surely have reached the stage where a broadening of her concept would be desirable—instead of a close adherence to it!

In Guy's we have the beginnings of a progressive patient care system. We have one Intensive Care Unit, of limited capacity, and another shortly to be opened, which will increase the amount of intensive medical and nursing care available. Few people can doubt that this approach has its advantages; specialised equipment and people trained in the use thereof are available instantly for the care of the acutely ill. However, what of the fate of those patients requiring heavy nursing, but not qualifying for admission to these units?

Now, we have a situation whereby one week a ward may be full of patients for investigations, requiring minimal nursing care. The same ward, a week later, after a heavy take in, may, with the same staff, be attempting to cope with a full quota of bedridden and incontinent patients. Our present organisation is not geared to coping with these rapid fluctuations in nursing demand. It therefore follows that an alteration in this system is desirable.

With an I.C.U. whose scope is broadened to include all heavy post operative patients for the brief period during which they require intensive observation, and correspondingly, all medical admissions in an acute phase; these patients then to progress to an area where the nurse patient ratio is still high enough to ensure that they all receive adequate and thorough nursing care; and finally to a "homeward bound" ward where far fewer nurses are necessary, we utilise our available nursing, medical and ancillary staff most economically, whilst providing a constant high standard of care throughout.

Of course many other factors are involved, as this subject is one of the most controversial in hospital politics in our era. However, it would seem to be an answer to the problem of providing an adequate hospital service, whilst maintaining a high standard of nursing in the face of constantly increased demands on the nurses.

We hear that a proposed pilot scheme of this nature will shortly be in operation at St. Olave's Hospital. This system already operates successfully in hospitals throughout Britain and abroad, and may we hope that even if initially there are teething troubles, something useful to the Guy's Group may emerge from this.

STAFF CHANGES AND APPOINTMENTS

12.8.68 **Sister P. Roberts,** née Dutton, *returning to Guy's, Clinical Teacher, Evelina Hospital.*

19.8.68 **Sister A. Russell,** S/N Renal Transplant Unit, *Sister, Miriam Ward.*

26.8.68 **Sister S. Baldwin,** S/N William Gull Ward, *Sister, Hurst Ward.*

SPORT

RUGBY

125th Season Preview.

In terms of prospects, this anniversary year could hardly have come at a more appropriate time. Guy's Rugby is reaching towards the heights attained before the war. Dr. Hugh Berry will again do the coaching of the Club. Charles Thorburn shortly leaves Guy's after two years as a most distinguished and inspiring leader of the 1st XV. The club is very fortunate that his immediate predecessor, John Davies, becomes also his successor and captains the side this season.

The first fixture will be against Bromley on September 7th, and it is hoped that the welcome improvements to the pavilion at H.O.P. will be completed by then. The following week a team goes on a two-match tour to Lancashire, with games against Fylde and Preston Grasshoppers. In contrast to last season two-thirds of the first team fixtures will be at home this year. A representative side, invited by Dr. Windsor Lewis, will play against Guy's at H.O.P. on October 30th, to commemorate the 125th anniversary There will also be a dinner in the evening. Details of both these events can be found on the back page of this issue. An interesting match will be that against Loughborough Colleges, who come to H.O.P. for the first time on November 9th.

With the grass at H.O.P. looking lush, training going well, hopes for new floodlights soon, and a new bar in the offing, we have all the ingredients for a feast of optimism.

1st XV FIXTURES 1968-69. 125th Season

Date		Opponents	Ground	Time
1968				
Sept.	7	Bromley	H.O.P.	15.00
	16	Fylde	Fylde	18.00
	17	Preston Grasshoppers	Preston	18.00
	21	Blackheath	Rectory Field	15.00
	28	Old Askeans	H.O.P.	15.00
	29	Streatham Croydon 7's	Thornton Heath	14.00
Oct.	5	United Services, Portsmouth	H.O.P.	15.00
	12	Cambridge University	Grange Road	15.00
	19	Bedford	H.O.P.	15.00
	26	Oxford	H.O.P.	15.00
	30	**125th Anniversary Game Windsor Lewis's XV**	H.O.P.	15.00
Nov.	2	Old Blues	Fairlop	15.00
	9	Loughborough Colleges	H.O.P.	15.00
	23	Cheltenham	H.O.P.	15.00
Dec.	4	University of London	H.O.P.	14.45
	7	Streatham Croydon	H.O.P.	14.45
	14	Old Cranleighans	H.O.P.	14.45
	21	Esher	Hersham	14.45
	28	Metropolitan Police	H.O.P.	14.45
1969				
Jan.	11	Plymouth Albion	H.O.P.	14.45
	18	Taunton	Taunton	14.45
	25	Devonport Services	Devonport	14.45
Feb.	1.	Coventry	Coventry	15.00
	8	Old Merchant Taylors	H.O.P.	15.00
	15	London Irish	H.O.P.	15.00
	22	Exeter	H.O.P.	10.45
Mar.	1	Old Alleynians	H.O.P.	15.00
	8	Nuneaton	H.O.P.	15.00
	15	Gloucester	Gloucester	15.00
	22	Sidcup	Sidcup	15.00
	29	Cambridge City	H.O.P.	15.00
Apr.	5			
	12	Old Whitgiftians	South Croydon	15.00

CRICKET TOUR

The weather was the one bad part of the tour to Sussex. Four games were played in overcast conditions and two were rained off. Of the games played, one was drawn and three were lost. However, two of the losses were very close, with Guy's making the game last until the last over of time.

The side met at Basingstoke and after a sober lunch-time, Guy's batted well when put in by Basingstoke. Crafts and Gillham put on 50 for the first wicket, Gillham somewhat unaccustomed to the many singles, had considerable trouble in controlling his abdominal prosthesis. Goodhart joined Gillham to put on another 50 for the second wicket; then followed some rather mediocre middle order batting and Guy's were soon 120—6. Neville hit out to score his only run of the tour! Pearson, promoted to No. 9, carried on where Neville left off to score 25 in 5 scoring shots. Fordham, somewhat affected by his journey down, ran out of partners when he was beginning to "flow". Basingstoke lost early wickets and made no effort to get the runs. They finished 100—8, Crafts and Fordham bowling very well, being a trifle unlucky not to pick up more wickets.

The usual stop at Selborne proved, as usual, to be the downfall of some of the drivers, although eventually everyone arrived at Thatchings, Silk and Gillham perhaps having seen a little too much of Chichester.

On Saturday, the "Happy Campers" at Thatchings renewed old friendships in the "Ship" and then proceeded to Pagham. Pagham batted first and scored 189, Crafts and Fordham bowled well and kept Cooper, a Sussex player, very subdued. At 60—5 they seemed to be in trouble but low cloud interfered with our keeper's view of the game and two stumpings and one catch later Pagham were 140—5. For Guy's, Crafts and Goodhart batted well but wickets were lost in an attempt to catch up with the clock. The game was lost with two minutes to go when Neville was surprisingly given out l.b.w. by a Guy's umpire—the latter truly deserving the "Man of the Match Award".

During a very successful evening, "Bones" Knight performed the first of his "Three men lifts", inadvertently picking a 50-guinea suit to douse with beer.

The extreme success of Saturday night might have sadly affected Guy's batting before lunch against Bognor. Just after lunch the last wicket fell, leaving Bognor to score 86. The Bognor captain and Derek Biggs, who had seen to it that the majority of their side had an early Saturday night, can be well satisfied with their sabotage plans. Bognor lost 4 low wickets scoring the runs. Crafts surprised his old friends by not bowling as fast as had been expected. Guy' won the 20 over beer match afterwards, Clark, yet again showing his versatility, failed to bowl Biggs with his first ball—a tomato! Gillham's eyes flashed as he sprinted to field this delicacy and almost threw down the wicket with the half he didn't eat. While the winter wicket-keeper was having his summer airing behind the stumps, Neville vegetated on the boundary and managed to pick up a "dolly" which he had failed to do at Pagham. After another thoroughly good evening, Chase was surprised to find his bed intact and the secretary even more surprised to find a lace slip in his possession.

On Monday, Guy's, now more acclimatised to playing hangover cricket, played Worthing, a very strong side. Guy's scored 177—6, Kendrick coming out of his shell and scoring a very fast 26, while his skipper at the other end would still have missed the ball if he had used a wheelbarrow. Here Guy's came up against the third county player of the tour—Derek Lemmone. In practice for his battle with Sobers in the single wicket he scored 109 and was eventually out 15 minutes before stumps. The game finished with four minutes to spare, Worthing having lost 6 wickets. Steve O'Keefe bowled very well on a wicket which must have been similar to some he played on in South Africa.

Tuesday and Wednesday were spent in scarring the local golf courses and upsetting the men on the bumping cars. Kendrick had the honour of mowing down one of the attendants, and the "Fat One" was forcibly thrown off for disobeying local rules. Chase settled down to two days' serious chat with some of the other guests at Thatchings and Goodhart did his best to reduce the size of the front lawn.

On Thursday, weather ruined the game at Cuckfield. During an enjoyable lunch-time session on port, Bones performed the last of his incredible lifts—his victim a local Guy's dentist, who soon found to his expense the amazing strength of this young student. On the return to Bognor Bob Clark and Pearson went to Bognor C.C. to try and obtain one more player for Friday. This proved to be their downfall as they soon found themselves in charge of the bar. At 1 a.m. Clark made his final drive back to Thatchings, managed to miss a parked police car and got home. The Friday game was also rained off, perhaps a blessing in disguise as the stairs at Thatchings still troubled Clark at Friday lunch-time.

The tour thus ended, Kendrick leaving his jacket behind and his gastric contents at Gatwick. In the eagerness to depart, the club kit was overlooked. However this was brought back by D. G. Lewis after his "quiet" week's holiday at Thatchings—thanks !

Tour Party : R. Clark, C. Pearson, D. Silk, R. Chase, R. Goodhart, C. Neville, A. Gillham, D. Crafts, M. Fordham, R. Kendrick, M. Knight, S. O'Keefe, R. Lovell, M. Novak.

C.P.

WATER POLO TOUR

The water polo team recently returned from a very successful tour of the West Country. Polo in the West Country is very keenly supported, and during their matches with some very strong sides, Guy's were watched by well over 1,000 spectators. Of their eight matches, 3 were won and 5 were lost, but the team, apart from the Lymington game played well throughout, and during the latter part of the week, turned in some very good performances indeed. Early morning training sessions, introduced after the first match, certainly helped, but the value of the occasional swim after midnight was debatable. In the social sphere, Guy's were well entertained and turned in their usual workmanlike performance every night.

Other main features of the tour were the consistently good form of Froom, the metamorphosis of Davidson from an average two yard forward into a very good back, and the improved goal scoring ability of Challacombe. As on last year's tour, the extreme cold during a match played in mountainous seas at 8 or 9 in the evening, affected some of our less well built players, but on the whole, every individual gave a worthy performance, and if the team can find this sort of form in the coming months, then Guy's should have a very successful season indeed.

Team:—S. Challacombe (capt.), D. Foulds, A. Froom, K. Howard, D. Davidson, G. Northcott, M. Adkins, J. Wood, C. Bevis, N. Howell.

MATCH REPORTS

GUY'S v. ROYAL MARINES, AT MILE END

Lost 3—11.

The Marines brought a very strong team to play Guy's in the pre-tour match, one which included the majority of the Royal Navy side. The pool was a bit crowded playing the full seven-a-side, and this suited the Marines, who could put their weight to better advantage. Guy's soon found that long shots were not effective unless deflected on by the two-yard forward. Unfortunately, this is a move which the team have yet to perfect, but one at which the Marines were very adept, and they scored several of their goals by using it. However, Guy's have perfected a move from a corner or free throw on the right side of the field, and this brought two goals.

During the match, Northcott got through an enormous amount of work without being rewarded, and Wood in goal brought off many fine saves in the second half of the match. On the whole it was a creditable performance against a good side. Scorer: Challacome (3).

GUY'S v. LYMINGTON, AT LYMINGTON

Lost 2—6.

Those Guy's players who didn't recognise the referee immediately, were soon reminded by his handling of the game. This, though, was no excuse for the low standard of play which the team maintained throughout the match. The opposition only had one or two fast players, but they were allowed to dictate the whole game. In a match we desperately wanted to win to avenge last year's defeat and to start the tour on the right note, we could only manage two consolation goals. The best chances of the match fell to Northcott, and if the goal had been a little wider, he might have had several goals! We were consoled afterwards to hear that the week before, a match between Lymington and the London Hospital polo side was abandoned halfway through because of a disagreement. At least we managed to finish our game. Scorers: Froom (1), Challacombe (1).

GUY'S v. YEOVIL, AT LYME REGIS

Won 8—6.

Yeovil were a curious mixture of good and bad players, but soon went into a two-goal lead. Not discouraged in the least, and egged on by a crowd of about 400 (can the Rugger club beat that?), Guy's hit back to lead 3—2. Yeovil had one extremely good forward, but the inclusion of weaker players allowed us to double mark him, and use the long ball up to Bevis or Challacombe at the front. In spite of sterling work by Foulds in defence, Yeovil managed to regain the lead, but sensible play by the team and some good shooting, gave us our first tour victory.

Scorers: Challacombe (6), Northcott (1).

GUY'S v. WEYMOUTH, AT LYME REGIS

Lost 7—10.

Conditions for our second match at Lyme were rather different, with rain, a far smaller crowd, and a somewhat disconcerting if not frightening swell on the sea of about six feet. We were pleased to see that some Guy's men of the area had read their *Gazette* and had braved the conditions to support us, including the captain of the side in 1935.

In the tricky conditions, Guy's did well to hold Weymouth to 3 goals, and a very close game ensued, which was enjoyed by players and spectators alike. Again, Challacombe got several goals from good sitting forward play, and the set move again paid dividends in the form of three goals, one by Northcott. Howard played very well in goal for the first two quarters, but Wood, who replaced him, had an extremely trying time in the fading light. At the end of three quarters, Guy's were leading by seven goals to six, but folded in the last quarter and Weymouth helped themselves to 4 more goals.

Scorers: Challacombe (6), Northcott (1).

GUY'S v. WEYMOUTH, AT WEYMOUTH

Lost 4—7.

An enormous crowd saw some good swimming and passing by both sides, but very little scoring. Weymouth had brought in a stronger defence than the previous night, and Challacombe was being well held—literally. At half-time, Guy's were 2—0 down, but in a good third quarter, Northcott forced a corner and scored with a rebound off their goalkeeper, and Challacombe scored from a penalty to equalise.

Another corner was soon forced, and the set move almost succeeded, but Challacombe hit the bar, the ball was passed upfield, and Weymouth scored. This proved to be the turning point of the game. Challacombe left the field of play with cramp at the end of the third quarter, and although Northcott scored again from the swim-off, Guy's were never really in with a chance. Foulds was not quite able to get them in at two-yard forward, and Weymouth once again got four in the last quarter to win.

Scorers: Northcott (2), Challacombe (2).

GUY'S v. TAUNTON, AT TAUNTON

Won 6—1.

Taunton were a young, fast side, but Guy's tactics of hustling the opposition off the ball proved to be correct. The ball handling of the Guy's side was also superior. Froom scored the first two goals, the set move worked once again, and the second was a long shot when he spotted the goalkeeper out of position.

Howell swam well in mid-field to take the pass out from the goalkeeper, but the remainder of the team was not really tested and more goals should have been scored, particularly by Challacombe. A degree of blame for letting Taunton score could also be laid at the door of the latter, when he gave a forward a little too much room.

In the last quarter, Guy's eased up on their lead, and scored only once, but Howard saved a penalty awarded for three major fouls during the game. We were lucky that their international swimmer Hembro was preserving himself for the Olympics, and no doubt can expect a tougher game next year.

Scorers: Froom (2), Challacombe (4).

GUY'S v. BRIDPORT, AT BRIDPORT

Won 14—5.

Bridport had a weaker side than when we played them last year, having lost one or two players to the bigger clubs. In the first quarter against a rather weak back, Challacombe had time to score 4 goals, but was marked better, if by devious means, during the remainder of the match. He nevertheless went on to score 10 goals, being ably supported by Froom. Adkins at back played a fine game, giving little away.

Although played in an estuary, and not the sea, this was probably our coldest game, but the temperature was more than compensated for by a most enthusiastic crowd and by the ensuing refreshments, which soon gave us all a warm glow.

Scorers: Challacombe (10), Froom (2), Bevis (1), Northcott (1).

GUY'S v. YEOVIL, AT YEOVIL

Lost 5—6

This was a very good match indeed, played against a strong side of fast swimmers and good polo players in an enormous pool. Guy's have seldom played better as a team. From the first it was a tactical battle, with Guy's endeavouring to contain their international class forward, and yet prepared to break away when we had possession. Guy's attempted to crowd out Yeovil by bringing back all the team except the two-yard forward when the opposition had the ball, and then breaking and passing the ball up to the sitter for him to play for the shot or the free throw, which would be passed to the men coming through. These tactics worked admirably, except for the second quarter, when Yeovil scored 5 of their 6 goals.

The defence was well up to its task, with Foulds and Davidson outstanding, only failing thrice to stop the shot. The mid-field trio worked extremely hard and provided Challacombe wtih a series of accurate passes from which he scored the goals.

Scorer: Challacombe (5). S.C

HOSPITAL INFORMATION

HOSPITAL APPOINTMENTS

GUY'S HOSPITAL

Allocation of Medical and Surgical Registrars, 1968/69.

To take effect from October 1st, 1968

Medical Registrars

Dr. Mann and Dr. Scott	Dr. R. D. Hill
Dr. Hardwick and Prof. Trounce	Dr. J. G. McGill
Dr. Baker and Dr. Houston	Dr. P. W. R, Harris
Dr. Kauntze and Dr. Joiner	Dr. S. McHardy-Young
Prof. Butterfield and Dr. MacLean	Dr. J. R. R. Spurrell

Junior Medical Registrars

Dr. Mann and Dr. Scott	Dr. J. D. Powell-Jackson
Dr. Hardwick and Prof. Trounce	Miss C. J. S. Lawrie
Dr. Baker and Dr. Houston	Dr. J. V. Collins
Dr. Kauntze and Dr. Joiner	Dr. J. M. Boulton-Jones
Prof. Butterfield and Dr. MacLean	Dr. R. O. Robinson

Surgical Registrars

Prof. Sir Hedley Atkins and Mr. Glover	Mr. A. B. Richards
Mr. Wass and Mr Brain	Mr. W. G. Hartfall
Mr. Blackburn and Mr. Beard	Mr. R. G. Heald
Mr. Lawrie and Mr. Maynard	Mr. S. A. R. Cooke

Junior Surgical Registrars

Mr. Maynard/G.U.	**October to March**
Mr. Brain/G.U.	Mr. P. J. Metzner
Mr. Beard and	Mr. H. G. Sturzaker
Mr. Crabbe	Mr. J. W. R. Keates
Neurosurgery	Mr. A. L. G. Peel

	April to September
Mr. Maynard/G.U.	Mr. A. L. G. Peel
Mr. Brain/G.U.	Mr. J. W. R. Keates
Mr. Beard and	[redacted]
Mr Crabbe	Mr. P. J. Metzner
Neurosurgery	Mr. H. G. Sturzaker

MEDICAL REGISTRARS AND JUNIOR REGISTRARS WITH DUTIES IN SPECIAL DEPARTMENTS

Cardiac Clinics	
Dr. Baker	Dr. P. W. R. Harris
Dr. Kauntze	Dr. S. McHardy-Young
Chest Clinic	Dr. R. D. Hill
Asthma Clinic	Dr. P. W. R. Harris
Diabetic Clinic	Dr. I. G. McGill
V.D. Clinic	Dr. J. V. Collins
Endocrine Clinic	Dr. M. N. Maisey

P. J. HELLIWELL,
Superintendent.

August, 1968.

PERSONAL

TO LET—W. Norwood, convenient for Guy's or Maudsley, unfurnished flat over doctor's surgery. 'Phone: 653 6228 after 8 p.m.

ASSOCIATE/ASSISTANT wanted in busy dental practice in Newport, Mon. Please write: D. J. Gallivan, 94, Caerleon Road, Newport, Mon.

WANTED—Unfurnished flat to rent. Preferably three rooms, kitchen, bathroom. Self-contained. S.E. London area.—W. J. Gunthorpe, Bacteriology, or tel: 237 6991.

FOR SALE—Morris 1100 saloon 1965, excellent condition, 25,500 miles, new brake linings, new tyres, regular service. Price £375 o.n.o. apply Sister Redpath, Mary Ward, before 16th September.

ESSEX-SUFFOLK BORDER (NEAR COLCHESTER)—Young Associate required, by Old Guy's Man, for busy modern well equipped dental practice, full surgery staff, workshop on premises Sailing, Golf. Tel: 02-555 3239 or reply box.

CHANGES OF ADDRESS

M. V. Doherty, 17, Rampton Drift, Long Stanton, Cambridge.

Dr. and Mrs. David J. Ewing have moved to 3 Lake View Close, Cardiff, CF2 6DU. Tel: Cardiff 757688 (0222)

Mrs. D. R. Gallehawk, The Bungalow, 38a, Old Shoreham Road, Hove, Sussex, BN3 6FG. Tel: Brighton 731498.

Dr. J. M. Holmes, M.D., F.R.C.O.G., 16, The Ridgeway, Cuffley, Herts. Tel: Cu4 2307. Consulting Rooms. 28, Weymouth Street, London W.1.

Miss Anne M. Johnson, 2, Holland Park, London, W.11. Tel: PARk 9021 .

Dr. and Mrs. J. E. A. Knowles, 24 Manor Drive, Aylesbury, Bucks. Tel: 4351.

Mr. and Mrs. Paul Liddiard, 17, Quennevais Gardens, St. Brelade, Jersey, Channel Islands. Tel: Central 42731. Visitors always welcome!

Mrs. N. M. Page, Grove House, 54, Maidstone Road, Rochester, Kent. Tel: Medway (0634) 48692.

Miss Jean Russell, The Sanatorium, 2, Hillmorton Road, Rugby, Warwickshire.

Dr. and Mrs. Michael Steyn, "Auswild House," Hoskins Street, Temora 2666, N.S.W., Australia. Tel: Temora 1010.

Dr. and Mrs. D. J. Stoker, 1, Hall Road, Wallington, Surrey. Tel: Wallington 1515.

Mr. David Tibb, 31 Cavenant Road, Oxford. Tel: Oxford 55259.

Dr. and Mrs. K. H. Walter, 4, Harwood Gardens, Burfield Road, Old Windsor, Berkshire. Tel: Windsor 64474.

BIRTHS

EWING—On July 16th to Anne (née Bellamy) and David Ewing, a daughter, Suzanne Catherine.

FRANK—On August 12th, to Vivian and Peter Frank, a daughter, Jacqueline, Tracey, a sister for Caroline.

DEATH

FAWCETT—On August 7th 1968 at Devizes Hospital, Angela Rosemary Fawcett, L.D.S., Dip. Orth., R.C.S., aged 39 years, the dearly loved wife of Michael John Fawcett, L.D.S., and sister of Allan Fooks, L.D.S., D.D.S.

(*Eds.—Mrs. A. R. Fawcett was the first female House Surgeon of Guy's, being appointed in February,* 1952.)

PAPERS BY GUY'S MEN

Ahmed, N. and Gower, D. B. The biosynthesis of some androst-16-ene from C_{21} and C_{18} steroids in boar testicular and adrenal tissue. *Biochem. J.* 1968, **108**, 233.

Adinolfi, M. Gardner, B. and Wood, C. B. S. Ontogenesis of two components of human complement β ie and β ic-la. *Nature*, 1968, **219**, 189.

Barrie, M. A. and others. Analysis of symptoms of patients with headaches and their response to treatment with ergot derivatives. *Quart. J. Med.*, 1968, **37**.

Batchelor, J. R. and another. Transplantation antigens from human spleens. *Nature*, 1968, **219**, 184.

Campbell, M. The natural history of congenital aortic stenosis. *Brit. Heart J.* **30**, 514.

Craft, M. Psychopathic disorder; a second trial of treatment. *Brit. J. Psychiat.*, 1968. **114**, 813.

Gaugas, J. M. and another. Immunity to mycobacterial infections in mice suppressed by antilymphocytic serum, *Nature*, 1968, **219**, 408.

Gazet, J. C. Surgical significance of the ileo-caecal junction. *Ann. R. Coll. Surg.*, 1968, **43**, 19.

Gould, D. G., Head positioner for oblique lateral jaw radiography. *Dent. Practit.*, 1968, **18**, 397.

Gower, D. B. Metabolism of steroid hormones and bile acids. In *Comprehensive Biochemistry*. Vol. 20 Ed. Florkin and Stotz, Amsterdam, Elsevier. pp. 63-125.

Keen, H. and Jarrett, J. Uses of biguanides in diabetes mellitus. *Postgrad. med. J.*, 1968, **44**, 466.

Macdonald, I. Fat in health and disease. *Practitioner*, 1968, **201**, 292.

Martin, J. A. M. and another. Malignant melanoma of the nasal cavity in Ugandan Africans. *Cancer*, 1967, **20**, 1699.

Morton, O. Herpes zoster. *Curr. Med. Drug*, 1968, **8**, 19.

Ogg, C. S., Cameron, J. S. and White, R. H. R. The C'3 component of complement (β ic-globulin) in patients with heavy proteinuria. *Lancet*, 1968, **2**, 78.

Proctor, E. Experimental mitral valve replacement with a heterograft aortic valve in a rigid metal ring. *Thorax, 1968,* **23**, *331.*

Rees, R. J. W. and another. Elongation *in vitro* of *Mycobacterium lepraemurium* as a distinction from *Mycobacterium leprae*. *Int. J. Leprosy*, 1968, **36**, 83.

Saxton, H. M. Bladder oedema due to ureteric stone. *Brit. J. Radiol.*, 1968, **41**, 628.

Somerville, J. and another. Left ventricular angiocardiography in atrioventricular defects. *Brit. Heart J.*, 1968, **30**, 446.

Tong, D. Guy's Breast Clinic trends in treatment. *Med. World.*, 1968, **106**, 8.

Webb, R. A. J. Prevention—an experiment in interdisciplinary co-operation between teachers and mental health workers. *Med. J. Aust.*, 1967, **2**, 204.

Webb, R. A. J. and another. Multiple child-parent therapy in a family therapeutic community. *Int. J. Soc. Psychiat.* Winter, 1967/68.

Wichelow, M. J., Butterfield, W. J. H., Abrams, M. E., Sterky, G. and Garratt, C. J. The effect of mild exercise on glucose uptake in human administration. *Metabolism*, 1968, **17**, 84.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2091

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Silly Season is Over

For the National Press the season is over. Events in Prague, Chicago, Blackpool and the M.C.C. Committee rooms have replaced the stories of Grouse, Oysters and high fashion. The World is waking from its Summer sleep and preparing to spend another Winter rolling in the mud. Newspaper Editors rub their hands together and prepare to cut down excess copy after a Summer spent trying to fill in all those gaps where the pictures of Brighton Beach and the Scilly Isles should have been.

For the *Gazette*, however, Summer and our silly season have come late this year, and while we enjoy the former, the latter is far from welcome.

In the wide World we have seen the emergence of a Green Paper from our Minister, but a paper that *may* act as a basis for future discussions on the Administrative Structure of the Health Service, following which decisions *may* be made, is hardly calculated to send us rushing to the nearest H.M.S.O.—certainly not before the report of the Royal Commission on Local Government upon whose recommendations it seems likely that the new area boards will be based.

There has been another heart transplant in South Africa which the press deigned to notice; it is amazing how quickly in the eyes of the Press, radical advances become almost a part of the trivial round. Whilst an American team is now working to define the moment of death, or the state of death, or the point of no return or something.

At Guy's we have seen the opening of Wilks West and Bright Wards which both look very smart and efficient. The only concession to conservatism seems to be the retention of the little marble shelves above each bed upon which reside the patient's thermometers in glasses of purple. Well, have you any better ideas for an out-of-the-way place to keep the things?

The Tower Block continues the experiment, or so it would seem, to prove one of Newton's laws of Motion. In the hope that a force in a given direction stimulates an equal and opposite reaction, the builders seem intent on pushing down so hard that the building will, eventually, rise majestically of its own accord. Though, more likely, it is simply a case of "what goes up must first go down ".

New Guy's House is now receiving attention, and the entrance Hall where the Flower Shop used to be, has vanished in a cloud of dust to make way for a connecting passage from the Surgical Block to the Tower Block.

Meanwhile, back at the Park, we await the final exodus of the builders and decorators from the School of Physiotherapy and from the Nurses' Home.

Last Saturday saw the opening of the 125th season of Rugby at Guy's. Our justly proud reputation took a bit of a beating at the hands of Bromley, but we live in hope. The extended bar at Honor Oak Park has opened to the sort of reception that most Committee men would have expected; mild praise tempered with late suggestions. However, anything would have been an improvement and the Clubs' Union have certainly made it a place fit to linger in after healthy exercise or energetic spectating.

The reappearance of Clinical Lectures in Guy's Diary heralds the start of another year, the return of the wanderers and the arrival of new faces.

Professor Effler

The attention of our readers is drawn to the notice in " Guy's Diary " about Professor Effler's forthcoming Lecture.

The subject of the Lecture is " Operative Procedures for Revascularisation of the Heart in Coronary Disease ", and is one in which Professor Effler has very wide experience, having operated on more than 2,000 cases in America.

Guy's Directory

This useful book is, as most of you know, about to be re-issued. The arduous task of compilation has been taken out of the hands of the *Gazette*, and to further assist Mr. Warner, who has taken over the task, we would make another appeal to all Guy's Men and Women, Medical and Dental Graduates, to fill in and return the forms they have been sent.

Biennial Dinner

We would draw your attention to the notice on p. 517 of this issue concerning the Biennial Dinner.

Scientology

No one who read the accounts of the activities of members of this cult can be certain that it does not constitute a threat to the well being of an unbalanced minority. What is less certain is that it is of sufficient influence or indeed credibility to justify the fuss that has been made over it.

The interest stimulated by the free publicity it has received has acted much more as a stimulant to recruitment than the opposite. The facts as given in the papers conjure up a picture of misguided foolishness and ignorance rather than malevolent conspiracy, and the only thing that we can assume is that the decision to discriminate (on the grounds of religion?) against these people was based on knowledge of dark and secret goings on that are known only to the authorities. If this were so it is difficult to believe that the press would not have discovered it and splashed it across its front pages. As it was, all they managed to "expose" were the facts that all members were being exhorted to wear deodorants and forbidden to visit a certain film.

We can but hope that now the fierce glare of publicity has died down the sect will also fade into inevitable obscurity.

GUY'S DIARY

We offer our congratulations to Mr. Christopher E. A. Holden, F.R.C.S. Eng., who has been appointed Consultant Orthopaedic Surgeon to King's College Hospital, and to Mr. Robin Bendal, F.R.C.S. Eng., who has been appointed Consultant Orthopaedic Surgeon to St. George's Hospital, London.

Mr. Holden has recently been awarded the Robert Jones Prize and Gold Medal of the British Orthopaedic Association for 1968.

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 6th November 1968 a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The Course will consist of six sessions, from 6.00 p.m. to 8.00 p.m. on 6th, 8th, 13th, 15th, 20th and 22nd November 1968. Fee: £10 10s. 0d. Further particulars and forms of application, which should be returned as soon as possible and not later than 5th October 1968, may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, S.E.1.

SEPTEMBER

24th	Tu.	1.00	Clinical Lecture. Professor DONALD B. EFFLER, of Cleveland Clinic, Ohio. "Operative Procedures for Revascularisation of the Heart in Coronary Artery Disease."

COMBINED ROUNDS.

20th	F.	2.15	In the Pre-Clinical Classroom: Dr. P. R. EVANS (Department of Paediatrics). Chairman: Professor Butterfield.
27th	F.	2.15	In the Pre-Clinical Classroom: Dr. D. HUNTER (of the Department of Medicine). Chairman: Dr. Lessoff.

RENAL MEDICINE
AT
GUY'S

by

J. S. Cameron

Interest in renal disease is at present high, because patients are now benefiting from the scientific and technical advances of the last 15 years. Facilities for the treatment of renal disorders have expanded rapidly had the speciality, which rests rather uneasily under its American name of "Nephrology" is just now establishing itself alongside more mature disciplines. Appropriately enough, the hospital of Bright and Wilks has seen rapid expansion of activities bearing upon all aspects of renal disease, and the following is a brief account of some progress at Guy's.

Chronic Renal Failure

Much attention has centred on new measures to deal with the predicament of terminal chronic renal failure. Although these advances have distorted the study of renal disease almost out of recognition, they have given life and real hope to many patients who, until recently, would have rapidly succumbed to renal failure, with all its attendant unpleasantness.

Chronic renal failure is a moderately common condition; at least 7,000 people die in Britain each year in uraemia, and probably half as many again are thought to die of hypertension when their primary trouble is renal. This means over 400 each year in the South East Metropolitan Region alone; and the tragedy is that knowledge and techniques are available which could save all those whose uraemia is not complicated by other disease. Age also must obviously be considered, but making all exclusions possible, 3 patients die every week in the South East whose death can only be considered a loss to themselves, their families and to society.

These large numbers of patients and the small numbers of centres and doctors experienced in the techniques give rise to the much publicised question of patient selection. Not all can be treated; who should be accepted, and who should decide? At present the most acceptable patients are young adults of stable personality aged 20-45

Dr. Cameron is Physician in charge of Renal Medicine at Guy's Hospital.

with family responsibilities whose disease, although terminal, has left them in reasonable health. It must be recognised, however, that, given time and effort, almost any patient can be rehabilitated and that to consider social factors as criteria for acceptance is quite arbitrary.

Two types of treatment are at present available for terminal renal failure: Intermittent Haemodialysis and Renal Transplantation.

Intermittent Haemodialysis

Haemodialysis twice or three times a week as begun by Scribner in Seattle in 1960, has proved extraordinarily successful in restoring patients with terminal renal failure to health. Once rehabilitated, death is rare, contrasting sharply with the untreated patients who are all dead in a few weeks or months at the most. One of the main problems has proved to be that of gaining repeated access to the circulation for attachment to the haemodialyser (so often hopefully but inaccurately called the artificial kidney). For this purpose, arterio-venous shunts, either surgically produced, or by implanted tubes of synthetic material, are in use but both have disadvantages. Dialysis can be carried out overnight to avoid disturbing the patient's routine as little as possible, and is best performed in the home with only occasional support from the hospital. This, of course, places great responsibility on the patient himself but enables the treatment to be given to many more patients.

What is being done at Guy's to help cope with this problem? In early 1966, the hospital accepted from the Ministry of Health the offer of the first dialysis unit for the South East Metropolitan Region. A pilot unit was set up very quickly in the space formerly used for dialysing patients in acute, reversible renal failure; the treatment room on Sarah Ward. This pilot unit has now expanded into space generously made available in Back Surgery. At the moment 6 beds are in operation and dialysis is carried out four nights a week. Home dialysis training has just begun in a further three beds and we hope that the first patient will be going into the home by the time the Intermittent Dialysis Unit building is ready in the Spring. This new building is situated in front of New Guy's House towards Sparrick's Row, and will be able to dialyse 15 patients or more simultaneoulsy. Patients will be trained here for home dialysis as well as those too sick or unable to deal with this themselves and those awaiting transplantation. How many patients can be taken on remains to be seen, but we hope to establish 12 patients in the home by the end of 1968 and have a group of at least 50 eventually.

The day-to-day running of the Unit is almost entirely in the hands of the nursing and technical staff. The medical support comes jointly from the medical staff and the Department of Surgery. At present, patient selection takes transplantation into consideration and all patients are offered the choice if it is thought reasonable for them. No patient selection "committee" has been set up and the decision to accept or reject is taken, after discussion with all the Unit medical staff, by the physician in charge, who takes final responsibility.

Shortage of trained staff of all kinds is the main factor limiting the effort in this country at the moment and the Guy's Unit is no exception. Although non-nursing trained personnel can play a vital part in running the Unit, in the early phases of development it is essential *that the bulk of the staff should have received full nursing training* ; the Unit is still short of staff nurses which, of course, reflects in part the national shortage of nurses.

The programme has aimed at one transplant per month and in spite of the usual difficulties associated with early phases of any venture this has almost been attained. Each transplant requires an enormous amount of rapid organisation involving about twenty individuals; this illustrates how much of a team effort this type of treatment has become.

The Ministry of Health is at present considering what expansion of facilities for renal transplantation should be made in this country; naturally we hope that Guy's will be one of the hospitals designated to carry out this work and that the programme will continue and expand after May 1968. One problem is, of course, to ensure that an expansion so expensive in time, money and personnel does not inhibit other hospital activities already in train or planned.

ACUTE RENAL FAILURE AND OTHER RENAL DISEASE: GLOMERULONEPHRITIS AND PYELONEPHRITIS

These exciting developments in the control of terminal renal failure should not obscure one simple fact; it is much cheaper in the long run, besids saving much misery, to prevent progressive deterioration in renal function. This should be our main goal, not even better and yet more widespread substitution therapy; however, we cannot ignore the challenge of those dying now.

There is also the problem of reversible acute renal failure. This condition, once nearly always fatal, can now be managed by dialysis support provided that the primary condition precipitating the renal failure can be treated. To begin with, only haemodialysis was available and the treatment was carried out from Cornelius. Once experience had been gained with peritoneal dialysis in an intensive care setting, this technique was practised in the general wards of the hospital and has proved an extremely powerful and simple therapeutic manoeuvre. As peritoneal dialysis has become commoner in the hospitals in the region, only the more difficult cases are being referred in to Guy's and King's College Hospitals. Haemodialysis is now also available at Brighton.

Many renal diseases have their origin in childhood. Damage to the growing kidney is very serious, since it leads to failure of growth of the kidney with increasing renal failure as the patient matures. Finally, growth and health fail. Particularly is this true of pyelonephritis in children, a good proportion of which is preventable or treatable in early childhood provided that the condition is recognised. For some years, the Department of Paediatrics at Guy's has had a particular interest in renal disorders, Dr. Richard White (now at Birmingham) being mainly interested in glomerulonephritis and Dr. Neil O'Doherty (now at Ashford) in urinary tract infections. The hospital has become well recognised as a centre interested in childhood renal problems, and it is vitally important that this work should continue, because relatively little investigation has been carried out on renal disease in childhood and because the outcome of the disease is so often a uraemic adult requiring dfficult, expensive therapy of the type already discussed.

One powerful technique in the early investigation of renal disease is renal biopsy. This has added greatly to our understanding of renal disease, particularly the various conditions which go under the collective name of glomerulonephritis. Now, over 100 renal biopsies are being performed at Guy's each year, where not only can the biopsy technique be carried out safely but where the tissue can receive the expert processing and interpretatiaon without which the exercise is useless. We have tried to provide, again alongside King's College Hospital, a service of renal biopsy for interested paediatricians and physicians in the region.

The prevention and early treatment of pyelonephritis is on a much firmer foundation than that of glomerulonephritis. The renal biopsy studies have helped us to understand a little of the processes involved, in glomerulonephritis, but until recently the only agents available to influence the more chronic form were the corticosteroids. Because of good evidence that many of these conditions result from disordered immunity, use of immunosuppressive agents (including those used in transplant rejection) has been attempted over the last four years with some encouraging results. In conjunction with this, several surveys of the nephrotic syndrome in both adults and children have been carried out in the region.

Several times, in this account, mention has been made of the South East Metropolitan Region in connection with the work of the Unit. Naturally, our first duty is to provide a service within the hospital itself but a specialist unit of this type must draw patients from a very wide area if it is to be able to perform the studies needed over the next few years. Co-operation with other units in the region and elsewhere is also necessary. This is, of course, merely part of the changing role of the large London teaching hospitals in the general medical scene.

KIDNEY TRANSPLANTATION AT GUY'S

by

Frank Ellis

In view of the wide support given to the Renal Transplantation Programme carried out at Guy's Hospital during thep ast year, I wish to preface this account of the results by an acknowledgment of the contributions made, not only by those who have so enthusiastically taken part in the clinical and research projects, but also those who through their goodwill and interest have provided a basis for the successful pursuit of this new venture.

Results :

Twelve patients have received transplants since May 1967, one patient having received a second transplant after the first was removed because of haemorrhage. Of the twelve patients, seven have satisfactory renal function and are leading normal lives. Two are awaiting second transplants and three have died. Only one fatality was directly attributed to transplantation. It followed a post-operative coronary thrombosis. The other two fatalities were due to (i) a rupture of the aortic arch five weeks after transplantation. At autopsy the transplanted kidney was found to be normal. (ii) Sudden death during revision of an arterio-venous shunt seven months after a transplanted kidney had been removed for rejection.

These results are sufficiently encouraging to justify the hope that with increasing improvements in management, survival rates will be equal to those published by the World Transplant Registry. The latest report from this source, which covers all major transplant centres in America and Europe, indicate that the two-year survival with live donors from (a) siblings is 75 per cent; (b) parents is 55 per cent; (c) cadaver donors is 35 per cent. The results confirm that for these groups renal transplantation is a well-established therapeutic procedure whereas the use of living unrelated donors (two-year survival is 25 per cent) is not justified. The two-year survival rate for transplants between dizygotic twins is 51 per cent and for monozygotic twins 88 per cent.

General Policy :

So far as is possible all patients who are accepted for transplantation are given an undertaking that should the transplant fail they will be taken back into the intermittent dialysis programme and maintained until a further transplant is possible. Failed transplant patients are therefore assured against death from renal failure only so long as the facilities for intermittent dialysis are not fully extended, when the transplant ceases to function. Unfortunately, it is unlikely that it will be possible to offer a "switch back" to dialysis for failed transplant patients once the intermittent dialysis facilities are fully saturated by the increasing numbers of new patients seeking treatment. If a proportion of the haemodialysers available are kept in reserve for failed transplant patients, then an equal number of new patients with renal failure will be denied treatment. A formula which will offer treatment for the maximum number of patients either by intermittent dialysis or transplantation involves detailed co-operative efforts by both groups. In the development phase during the past year the responsibility for these patients has been shared with great ease. A feature of this co-operative decision-making machinery has been participation in conferences not only by clinical medical staff but also by those engaged in the technical aspects of dialysis and in laboratory investigations. A particular example of the latter is that the decision between maintaining a patient by either intermittent dialysis or transplantation may be determined finally by tissue typing. If the patient lacks several common major antigens the likelihood of finding a compatible kidney is remote and though transplantation may be feasible in all other respects it will not be undertaken.

Donors:

With one exception, where the donor was a patient who underwent nephroureterectomy for a small papillary lesion at the lower end of the ureter, the kidneys have been obtained from donors after death. The majority of these have had extensive intracranial injuries.

A major feature which has emerged from experience in obtaining suitable kidneys is that there is a high rate of "attrition" whereby it has been found that the ratio of potential donors (i.e. donors available to our programme) to actual donors is about 5 : 1. One of the most time-consuming parts of the programme has been the fact that for every transplant actually carried out it has been necessary to prepare for five others which failed to come about. Whereas failure at an early stage of the proposed transplant has not involved too great an effort, failure at a "late stage" has always been preceded by considerable administrative, medical and technical effort for all concerned.

Some of the problems arising will be apparent from the following basic requirements to carry out a successful transplant when a potential cadaver donor is available. The donor should be less than fifty years old and is unsuitable if suffering from cancer (except intracranial neoplasms which do not metastasise) overt sepsis, urinary infection or renal failure due to hypovolaemia. Permission for removal of the kidneys after death must be given by the physician in charge, the nearest relative and, in most cases, by the coroner. Death must be confirmed independently by two members of the medical staff in charge of the donor. At the time of the removal of the kidneys unsuspected renal disease, multiple arteries or damage to the kidneys during removal may make them unsuitable for transplantation. If the kidney cannot be removed and cooled by perfusion within thirty minutes of death, it will fail to function because of irreversible ischaemic damage. The major blood group of the donor must be compatible with that of the recipient and there should be not more than two major antigen incompatibilities on tissue typing.

Many of these imposing logistical and technical problems can be overcome by making hospital and medical staff aware of the need for information to be given to the Transplant Unit concerning potential donors as soon as death is judged to be inevitable. Information given at an early stage facilitates assessment of suitability of donor, provides time for tissue typing (3—4 hours is necessary) and allows choice and preparation for operation on a suitable recipient. Despite the fact that ten hospitals (with a total bed capacity of approximately 4,000) have agreed to provide information concerning potential donors the main limitation in the expansion of the transplantation programme has been the lack of suitable donors. One of the purposes of this publication is to emphasise the need to present and future hospital staff for co-operation in providing information concerning potential donors. Fortunately the steadily increasing awareness of this need by all medical personnel is resulting in a greater inflow of information, but the number of donors available is still grossly exceeded by demands of recipients awaiting transplantation. Many recipients continue to await suitable kidneys several months after final preparation for transplantation.

Renal Preservation:

After removal from the donor the kidney is cooled immediately to 4°C. by gravity perfusion for five minutes, using a cooled physiological solution. Thereafter it can be stored for up to two hours by placing it in a sterile plastic bag immersed in ice. This simple method of preservation has enabled kidneys to be obtained from centres up to 60 miles from London, though with the co-operation of the Police Force transport, it should be possible to cover hospitals up to 100 miles away.

More sophisticated methods of preservation by excorporeal continuous perfusion cooling circuits are being developed rapidly. Kidneys may now be transported routinely after periods of preservation of several hours, the longest recorded case being seventeen hours. These methods, together with pooling of recipient data in a central (probably computerised) collecting system, will facilitate great expansion in the scope of transplantation in the future. It seems only remotely possible that preservation will proceed to a point where kidney "banks" will allow storage for an indefinite period.

Tissue Typing:

Long-term success in renal transplantation is correlated positively with the degree of similarity between the lymphocyte antigen patterns in the donor and recipient. For this reason all recipients are typed prospectively. The donor kidney, after typing, is transplanted only into a recipient who has a similar antigen pattern. Using a battery of thirty antisera raised in medical staff volunteers by immunization with skin homografts, Professor Richard Batchelor is providing a tissue typing service for many of the main transplantation centres. The typing system depends on the identification of leucocyte antigens by the cytotoxic effect observed on exposure of peripheral lymphocytes to the antisera. The avoidance of transplantation in the presence of a wide antigen gap has been followed routinely and has maintained the incidence of severe rejection to small proportions. There have been only three uncontrolled rejections among thirteen transplants. The majority of the remainder of the patients have had one or more rejection episodes which have been reversed by increased immunosuppression.

Recipients:

Recipients for renal transplantation are selected on the basis of irreversible renal failure occurring under the age of 45 from chronic glomerulonephritis, pyelonephritis or polycystic disease. The lower urinary tract should be normal though occasionally transplantation can be undertaken after correction of obstructive uropathy.

The recipients are maintained on haemodialysis until they are well. They are then readily able to withstand removal of the diseased kidneys and the subsequent transplantation. After transplantation haemodialysis is maintained until the function of the transplanted kidney is sufficient to maintain the patient. This period of tubular necrosis resulting from ischaemic damage to the kidney during the interval between removal and transplantation has varied widely, the shortest time for recovery being seven days and the longest sixty days. The excellence of the haemodialysis facilities provided by Dr. Stewart Cameron and Dr. Chisholm Ogg, and their staff, has been the basis of the successful transplants so far achieved. The metabolic state of the patients has been virtually normal throughout.

The operative procedure involves anastomosis of the renal vessels to the iliac vessels and implantation of the ureter into the bladder. There have been immediate local post-operative complications in two patients only. In one, haemorrhage occurred from the suture line and in the other from rupture of the kidney five days after transplantation. The former kidney was removed and the latter preserved by oversewing muscle into the rupture. There have been no problems due to local infection or urinary fistula.

Post Operative Management:

The early recipients were nursed in isolation on reverse barrier precautions. The absence of infection has resulted in a relaxation of this policy and in future the patients will be kept in partial isolation for only two or three days post-operatively. Thereafter no special precautions appear to be necessary.

The necessary multiple observations are documented daily on specially prepared data sheets provided by the Boston World Transplant Registry. This information is computerized from returns made by all centres and forms the basis of the annual report of the Registry.

The initial daily observations include vital signs, blood picture, urinalysis, electrolytes, renal function studies and radiography. With the reduction of immunosuppression to maintenance levels and improvement in the function of the kidney, the observations are reduced in number to a weekly study of renal function, urinalysis and a blood picture. Most of the patients in whom transplantation has been successful have been discharged after one month. Thereafter they are seen once weekly and later once a month. After discharge, patients are encouraged to measure their own urine volumes, specific gravities and to test for proteinuria daily and have proved able to detect rejection episodes themselves.

Whereas the surgical problems following transplantation have presented no difficulties, the closest possible attention has been demanded for the detection of rejection. It has been difficult to distinguish delayed onset of satisfactory renal function due to ischaemia from that due to rejection in some cases.

The classical picture of rejection characterised by a 'flu-like syndrome, accompanied by oliguria, increased proteinurea, swelling of the transplant and increasing azotaemia has been present in only a minority of rejection episodes. In the majority there has been a slow (and judged by day to day observation almost imperceptible) deterioration in renal function unaccompanied by systemic disturbances or significant urine change. For this reason it has been necessary to rely to an ever-increasing extent on biochemical data for the detection of rejection.

In addition to the usual tests two new methods have been employed for monitoring rejection episodes. The G.F.R. measured by clearance of Cr^{51} EDTA has proved to have a good correlation with rejection and we have reached a position in which great reliance is placed on the results. The other method, which may prove to be a useful measurement of response to transplantation before rejection process begins to destroy the kidney, is assessment of the rate of R.N.A. synthesis in peripheral lymphocytes. Using the uptake of tritiated uridine in tissue culture, the result is available in eight hours after withdrawal of the blood sample. By this means it may be possible to herald the onset of rejection at a stage earlier than hitherto and to take appropriate action before severe renal damage has occurred.

Conventional immunosuppression has been employed in all patients. This consists of azathioprine, prednisone and local irradiation to the graft site. The drugs are reduced from the early high levels of the first few days to a point where four weeks later, "maintenance" levels of 1.5 mg/Kg of azathioprine and 10 to 15 mgm. prednisone daily are used.

Daily blood pictures have proved to be an entirely reliable method of preventing significant depression of the leucocytes and platelets by the azathioprine, no irreversible effects having been deserved. Some of the patients have developed Cushinoid effects from continued administration of prednisone, especially where it has not been possible to reduce the maintenance level to less than 25 mgms. daily because of threatened rejection on lower doses.

Rejection episodes have been controlled satisfactorily in all the successful transplants by temporarily increasing the prednisone and employing further irradiation to the graft site together with a short course of Actinomycin C. If rejection cannot be controlled by these methods, the kidney has been removed and the patients will be (or have been) given a second kidney. The recognition that rejection cannot be controlled successfully by immunosuppression therapy in all cases and that in these cases it is better to remove the kidney has done much to improve the results of transplantation in terms of patient survival rate. This policy has been pursued freely in the management of all our recipients and in no case has a life threatening situation been allowed to develop merely in an endeavour to save the kidney.

Future Development:

An increase in the rate of transplantation is desirable because of the increasing number of recipients awaiting kidneys and because the present rate is not sufficient to keep the team "tuned up". The number of transplants performed at Guy's will probably be thirty to forty a year, though through combined efforts with other hospitals and a free interchange of recipients from a central group it is possible that the hospital itself could participate in a much bigger programme covering the needs of the region in a more realistic manner. Regional planning at this stage could do much to avoid problems similar to those created by the multiplicity of heart surgery programmes when cardiac surgery was in the process of establishment, while the sharing of the workload, together with the provision of common facilities for several hospitals could make Transplantation a model example of the implementation of the Todd Report.

The current research programme will be consolidated and extended as the clinical effort increases. In addition to the projects already mentioned there will be: -

1. a histocompatibility testing service established in the hospital;
2. an increased effort to prolong the period of renal preservation by extracorporeal perfusion;
3. the employment of thoracic duct drainage in a limited number of recipients, both as a therapeutic measure and in order to raise a new antilymphocyte serum for the treatment of rejection;
4. a study of the Xenon washout technique in the assessment of function of homografts.

The "involvement" of increasingly wide areas of clinical and laboratory research promulgated by kidney transplantation has already laid the basis for a new surgical era at Guy's. It is appropriate that in Bright's Hospital the kidney should have been the first organ transplanted but within a decade it will be only one of several organs which will be successfully replaced in this way.

NOTICES

GUY'S HOSPITAL BIENNIAL DINNER

This year's Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, W.C.2, on Friday, 4th October, at 7.0 p.m. for 7.30 p.m. The Chairman will be Nils Eckhoff, Esq., M.S., F.R.C.S.

This dinner affords the most popular opportunity for old Guy's men and women—medical and dental graduates—to meet together and to renew the friendships of their student days.

It will be appreciated if Guy's men and women who intend to be present will apply for tickets, £2 2s. 0d., as soon as possible and not later than Monday, 23rd September, 1968, to the Hon. Secretary, Biennial Dinner, Guy's Hospital, London, S.E.1.

F. N. Glover, Hon. Secretary.

BOURNEMOUTH AND WESSEX GUY'S SOCIETY

Bournemouth and Wessex Guy's Society will hold their Annual Dinner for Graduates (Medical and Dental) on Friday, 29th November, 1968. Graduates of other hospitals welcomed as guests. Further information from the Hon. Secretary, P. J. Attenborough, 65, Wellington Road, Bournemouth, Hants.

OBITUARY

P. G. HICKSON, M.B., CH.B. D.OBST.R.C.O.G.

Dr. P. G. Hickson, a general practitioner in Chippenham, Wiltshire, died in an air crash on 9th August. He was 35.

Philip Godfrey Hickson was born on 15th June, 1933, and received his early education at Sidcot School. He entered Manchester University and later Guy's Hospital, where he was awarded the Charles Oldham prize for cardiology. He graduated M.B., Ch.B. in 1957 with distinction in medicine and forensic medicine. He became house-physician to Sir Robert (now Lord) Platt, and was later resident obstetrician at Guy's Hospital. In 1959 he took the D.Obst.R.C.O.G.

Philip chose general practice because he felt that he would have more opportunity for personal contact with his patients. The motto "Cum scientia caritus", of the Royal College of General Practitioners, of which he was a member, typified his attitude to medicine. He had a gay personality, a fund of goodwill, and was well loved by his patients. His many interests included climbing, and it was while flying to Austria for a climbing holiday that Philip and his wife so tragically met their death.

He was held in great affection by his friends and colleagues, and will be sadly missed by us all. He leaves three young children.— K. A. C.

Reprinted from the British Medical Journal.

NURSING SECTION

Back To Sarah Gamp ?

I sat in the Stranger's Gallery of the House of Commons listening to a debate on Nurses Pay. Both sides of the House were sympathetic to our request for a pay rise; indeed, prosaic speeches issued forth and the same old clichés were aired once again: - "dedication and devotion to duty"; "long and unattractive hours"; "poor career structure", etc. etc. This only served to increase my anger and make me more scornful of those who will admit this and yet allow us to battle on under these conditions of service.

Because of our very vocation—and I use the term in its broadest sense—it is felt that we can be relied upon not to strike. As nurses we give to the community, and what nurse would walk out and leave an ill patient, to strike for more money and better conditions? And so, time and time again, Governments facing pressure from a host of trade unions and threatened strikes, appropriate the available resources to placate these parties in an attempt to preserve the economy. For how long will we allow this state of affairs to continue?—Or rather, for how much longer will the nurses accept their lot, and to what will they be driven to make the community, albeit sympathetic, realise that the time has come to consider a body of people who have "given" since their profession was founded, and who again ask for that which is their due.

You may ask "How is it that up until today a body of people whose pay has always been grossly inadequate have not complained?" In the first place, nursing in recent history has been a woman's profession. The balance of numbers in the sexes and the nature of the wars which were fought in the past ensured that there was no lack of unmarried women seeking emotional and professional fulfilment. The hospitals, which were staffed from this ready supply, were voluntary, and money was in short and unreliable supply. That which went into the nurses pocket was denied her patient. No nurse, therefore, felt justified in protest.

At a time when nurses are feeling increased pressure from advances in nursing and medical techniques complicated procedures plus basic nursing care, the shortage of staff, only adds to her burdens—and recruitment is falling!

A potential student nurse today starts her training at 18. She chooses from a wide variety of occupations open to her, almost all of which offer more attractive pay and working conditions than nursing. Quite apart from the heavy responsibility he or she is to carry, the life of a student nurse bears little resemblance to that of other students. He/She is on duty for 42 hours a week, and suffers all the inconvenience inherent in a 24-hour service seven days a week. Social life is seriously interfered with at an age when this is very important. Nurses cannot be free when friends and family are free, and often off-duty is subject to change at short notice.

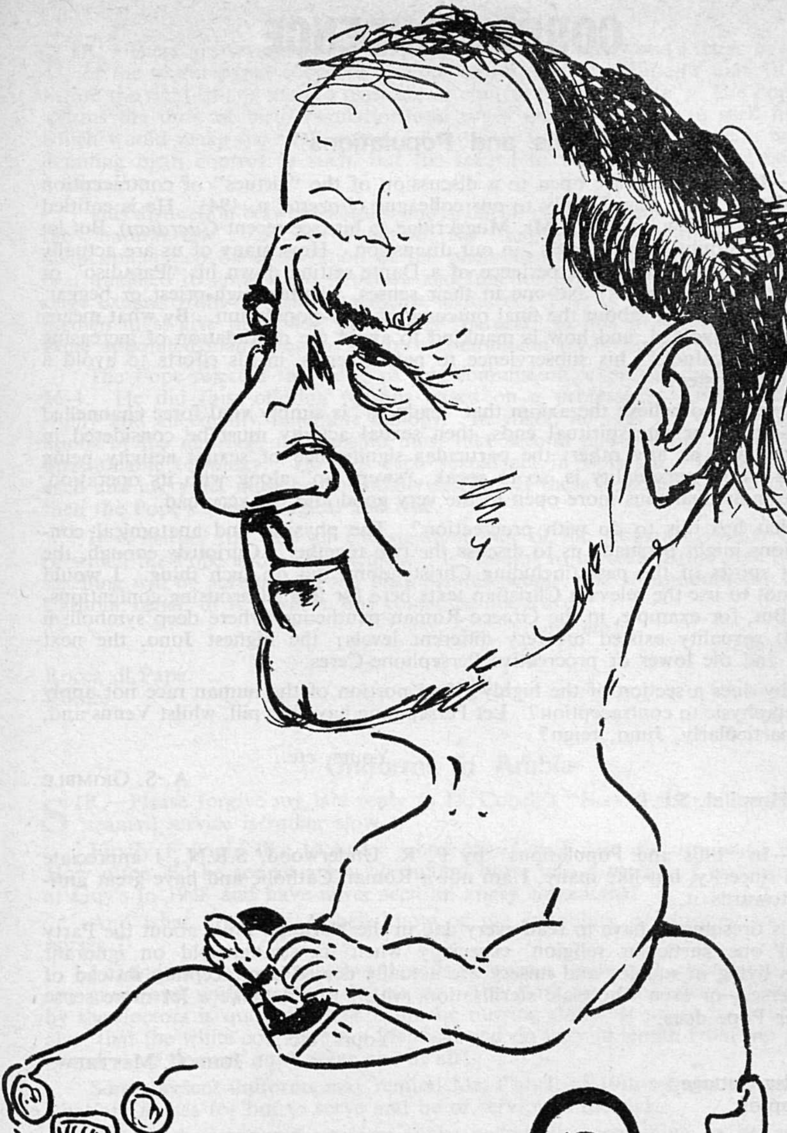
Today there are more young men than young women in the community, and most girls marry at the age of 20. Therefore, the nursing service of the future will be staffed by the only two groups of adults there will be—married women and men. Career prospects will need to be revolutionised to attract enough men, and the salary improved to enable him to meet his financial commitments in the way that other professional men do, and the married women will be attracted only if the salary is sufficient to enable her to have domestic help and attention for her children.

Nurses do contribute to productivity both directly ond indirectly. Directly, the volume and pace of work has increased over recent years. The Report of the Chief Medical Officer to the Ministry of Health for 1966 shows a considerable expansion and quickening of pace in all areas of the service. Indirectly, the patient got well and rehabilitated is another potential contributor to productivity.

If the status of the nurse in the community continues to fall by reason of his or her lack of career opportunity and poor pay it will largely be due to the ignorance of the community, which in turn is due to the fact that the Health Service is a political pawn and, therefore we cannot expect any politician to tell us the truth about it. The first the individual will know about it is when there is no nurse to tend him when he is sick or dying.

To paraphrase the old saying:

"God and the nurse men alike adore
But only when in danger, not before;
The danger o'er, both alike are requited
God is forgotten—the nurse is slighted."



Michael Joseph

CORRESPONDENCE

"Pills and Populations"

SIR,—If your pages are open to a discussion of the "virtues" of contraception and the "pill", may I reply to our colleague (*Gazette,* p. 494). He is entitled to his point of view, as also is Mr. Muggeridge to his (see recent *Guardian*). But let us be in no doubt about "levels" in our discussion. How many of us are actually alive to the exaltation and experience of a Dante setting down his "Paradiso" or a Handel his "Messiah"? No-one in their senses, whether high-priest or beggar, can be in any doubt about the final outcome of over-population. By what means is this to be avoided, and how is mankind to avoid the degradation of increasing his "mechanicalness", his subservience to narrow ends, in his efforts to avoid a biological disaster?

If we are to believe the axiom that "badness" is simply vital force channelled to low-placed or non-spiritual ends, then sexual activity must be considered in the same way as any other; the particular significance of sexual activity being that the whole personality is, so to speak, "swept up" along with its operation, and the individual thus more open to the very good and the very bad.

What has this to do with procreation? The physical and anatomical considerations might persuade us to discuss the two together. Curiously enough, the greatest spirits of the past (including Christendom) did no such thing. I would prefer not to use the relevant Christian texts here for fear of arousing contentiousness. But, for example, in the Graeco-Roman pantheons (where deep symbolism reigned) sexuality existed on very different levels: the highest Juno, the next Venus, and the lower or procreative Persephone-Ceres.

Why does a section of the highly gifted portion of the human race not apply this metaphysic to contraception? Let Persephone have her pill, whilst Venus and, more particularly, Juno, reign?

Yours, etc.,

A. S. GRIMBLE

Guy's Hospital, S.E.1.

SIR,—In "Pills and Populations" by P. R. Underwood, S.R.N., I appreciate the sincerity, but like many, I am not a Roman Catholic and have great antipathy towards it.

It is tiresome to have to read every day in the National Press about the Party Line of one particular religion, especially when its stranglehold on ignorant millions living in squalor and misery are actually denied contraception instead of the reverse,—or even wholesale sterilisation, which would make a lot more sense than the Pope does.

Yours, etc.,

JOHN C. MATTHEWS

Lavender Cottage,
Bathampton,
Bath.

Quivering Quavers

SIR,—Far be it from me to dictate editorial policy, but may I suggest that G. L. Davies, author of "Some personal musical pleasures" in today's issue, be prevailed upon to enliven the sober, restricted reading habits of the Medical Profession by a further airing of his humorous and mild erudition?

Yours, etc.,

BARBARA BROWN

14b St. Thomas's Street,
S.E.1.

Papal Fallibility

SIR,—There are several points arising from P. R. Underwood's letter in defence of the recent papal encyclical. Your correspondent maintains that "it is not within the right of any man to frustrate or control the gift of life". The Pope both affirms the duty of birth regulation and urges medical science to seek methods which would make the "safe period" live up to its name. The Pope is not condemning birth control as such, but the means to this end, which he considers artificial.

This distinction between natural and artificial means is deduced by reason from the "natural law". In any situation, the "natural law" is made explicit by deduction, based on observation of the phenomenon under review. Here, those best qualified to understand structure and function are married couples and marriage experts from all fields—medicine included. That is why doctors and other laymen must give their view of what is "natural" in this situation, and why the Pope appointed many such to his own commission on birth control.

The Pope rejected the views of this commission, expressed by a majority of 56-4. *He did this, offering reasons based on a professedly Aristotlean philosophy* and an equally venerable biology. In effect, he says that wider considerations of the marriage relationship must take second place to the fulfilment of a questionable teleology. He sees each sexual act in isolation. He teaches that each and every act must be potentially fertile. If these limitations are acceptable, then the Pope's view is logical and true.

It is neither the view of Christendom, nor of the Roman Catholic Church, of which the Pope is but one member. It remains to be seen if this item of papal teaching will be accepted by the bishops and people, and so undoubtedly become Catholic belief, or if it will in due course be discarded.

Yours, etc.,

MAX PRICE

Rocca di Papa,
Rome.

Uniforms in Arabia

SIR,—Please forgive my late reply to D. Cobell's "How Uniform" article—our *seamail service is rather slow.*

Firstly I would like to know when Mr. Cobell last did any ward nursing. How often did he see an angry consultant burst into a ward? I started nursing at Guy's in 1948 and have never seen an angry consultant!

And what does Mr. Cobell know of the suitability of clothing for female nurses ?

I cannot see what connection there is between a white coat worn by doctors of any grade and uniforms worn by nurses. The work and time spent on the wards by the doctors is quite different from the nursing staff. It might be pointed out also, *that the white coats are not identical and do vary in length from hip to knee* —and some doctors don't wear one at all!

Some present uniforms may remind Mr. Cobell of 19th-century servants; and what are nurses for but to serve and be of service to the sick.

To me the proposed uniform looks nearer like something to be worn by inmates of an institution or factory.

You may say what you like Mr. Cobell, I may also say I heartily disagree that uniform differences are an expression of lack of co-operation. I have always found the unco-operative to be too self-centred and entirely lacking in any desire to be of service.

Making everyone wear a uniform of the same design and colour shows a desire to reduce us all to the same level, as well as lack of imagination.

I can foresee the next step will be to abolish individual training schools with the nurses being transferred from one hospital to another by a Central Ministry under the guise of "increased training efficiency"—no doubt with Mr. Cobell's approval.

As for confused nurses visiting other hospitals, surely they have enough common sense to ask what various uniform differences mean, if there is any doubt.

Nurses from Guy's and other hospitals have been doing good work abroad and in many cases under trying and dangerous conditions in spite of being obsessed with our appearance and status and being considered unsuitable. We may not be considered as equals by the doctors (*re* previous article from Mr. Cobell) but we are accepted as an unimportant and necessary member of a team working for the good of the patient.

I have worked in and visited several under-developed countries and have never met a British male nurse working there.

Perhaps Mr. Cobell will volunteer for work overseas, leave our narrow community and show us how to be better citizens of the world!

One final comment on uniforms—it is a simple matter to change a soiled apron but not so easy to change a dress.

Yours, etc.,

JANIE BLACKWELL,

Qatar Petroleum Co. Ltd.,
Dukham, Qatar,
Arabian Gulf.

BOOK REVIEWS

PARKINSONISM

Leslie Oliver. Heinemann, 1968. 21/-.

This slim volume is based on the author's wide experience with patients suffering from the Parkinson syndrome. It is neatly divided into three chapters.

The first gives an historical account of James Parkinson and his clinical monograph "Essay on the Shaking Palsy." This is followed by a clinical description of the symptoms and signs and a short review of the present state of knowledge of the aetiology, pathology, and physiology of the disease.

The second chapter deals with the medical treatment and although fault may be found with the brevity of the section on general management, the question of drug therapy is very adequately covered.

It is in the excellent third chapter that the surgical author really comes into his own. He gives a clear, well illustrated account of the surgery of Parkinsonism from its earliest days to the present time. The modern complicated stereotactic

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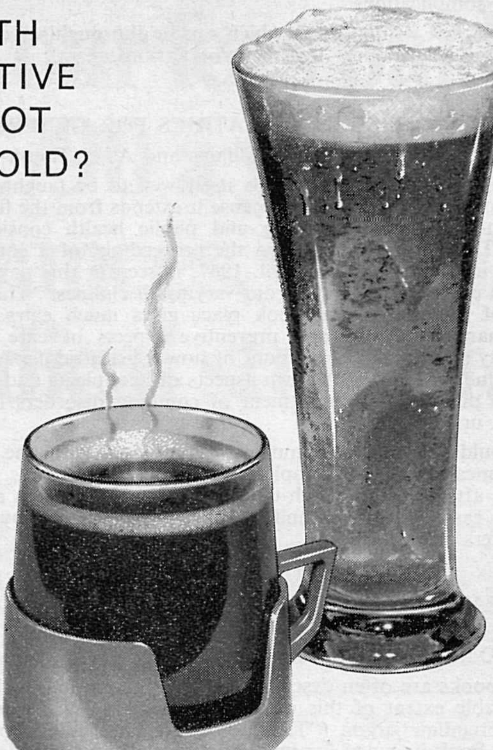
TO HOT
AND COLD?



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equipment and the surgical techniques, with the author's personal preferences, are well described and clearly illustrated. The results of the author's own series of operations on 192 patients follows, together with a brief description of the operative complications.

This is a well written book which can be thoroughly recommended to all those interested in the surgical treatment of Parkinsonism.

R. G. LASCELLES

INTENSIVE COURSE IN GERIATRICS FOR GENERAL PRACTITIONERS

Edited by E. Woodford-Williams and A. N. Exton-Smith Karger 1967.

A subject like geriatrics lends itself well to be taught by a compilation of a selection of topics. This is so because it extends from the field of general medicine to certain social, legal, nursing and public health considerations affecting old people. The merit of publishing the proceedings of a course in geriatrics which was held in Sunderland in April, 1967, is seen in this paperback in which many topics are covered by people from varying disciplines. The addition of an edited version of discussions that took place gives much extra information in a less formal manner. Social and preventive aspects of care of the elderly in the community supplement an account of how a geriatric department works. Clinical topics include some lesser known aspects of hemiplegia and useful practical clinical points on diagnosis and treatment of common disorders in the elderly of brain, heart and urinary tract.

It would be unjust to comment on omissions from the contents, as the course was not meant to be a complete coverage of geriatrics. Perhaps they may be published after a further such course. Meanwhile this is a useful and interesting selection, easily digestible and worthy of absorption by students and general practitioners alike.

A. J. ROSIN

"PSYCHIATRY"

Merrill T. Eaton, Jr. and Margaret H. Peterson. Heinemann, Medical Outline Series, Paperback, 1967, 42s.

Textbooks are often described as being of uneven quality, and that is true to a remarkable extent of this one. The beginning is discouraging, with relatively esoteric Freudian jargon ("Thanatos" and "Morbido" appearing on the second page of a book intended for medical students,) and a tendency to uncritical adoption of doctrinaire views on personality structure persists later in the book, too. The manner is sometimes naïve, sometimes incredibly wrong (a patient is to be asked, literally in so many words, whether he has had delusions!) and the style sometimes makes one wince ("a trifle on the hysterical side".) The American origin of the book shows, naturally enough, in the use of the American Classification of Diseases, which is different from the British, and in the preponderence of American references in the lists of suggested reading.

Yet the book has some advantages, and in particular conveys excellently to students and general medical readers many matters which are nearly always badly treated or ignored in books: the assessment of suicide risk is very clear and practical, for example, and the simple forms of psychotherapy and sensitive, imaginative handling of patients and the doctor-patient relationship are expounded lucidly with vivid examples. This section is valuable reading for all doctors and its classification, practicability and readability form an interesting comparison with the discursive English work of immense value, insufficiently read by students, "The Doctor, His Patient and the Illness" by Balint.

Differential diagnosis also is treated and usefully, and the discussions of illnesses and their treatments are in the American manner, rather different from our methods in some respects, but not so far away as to be grossly misleading, with some exceptions (e.g. it is an extreme minority view here that in the treatment of schizophrenia psychotherapy is more important than drugs). Unaccountably no doses are given for the drugs mentioned, anywhere in the book.

Unfortunately this patchiness prevents recommendation of this book as a good buy for a psychiatric textbook at this price.

ANDREW C. SMITH

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For further information about Medical Cadetships, or to arrange a meeting with an RAMC Officer to answer any questions you may have, write to: Colonel E. L. O. Hood MB, Ministry of Defence (AMD2), Dept. 309, Lansdowne House, Berkeley Square, London W1X 6AA

M.3

SPORT

RUGBY

The season has begun by catching the Rugby Club unawares. On Saturday, the 1st XV were not well prepared for the first game, either psychologically or physically. The game against Bromley turned out to be less of a formality than expected, and once events were going awry, an air of despondency crept into the hearts of the side. A report appears below.

The 2nd XV had a gentle run round, while winning their game by 34—3. The opposition did not extend the team to any great extent.

However, the turnout at training is regularly reaching 50 now, and with Dr. Hugh Burry in his most rigorous training mood, the spirit of the teams should be restored to its usual high level (or destroyed) in a very short time.

Next Saturday sees a series of Trial matches, when most players will have a chance of proving that they really are 1st XV material and should not be languishing in the lower orders. Casualty figures are expected to be high.

On Monday and Tuesday, the 16th and 17th September, the Club are going on a short tour to the North West. About 20 players will be going. It is hoped that all Guy's people in the area will make every effort to go and support the team in what will be two difficult games against Fylde on Monday, and Preston Grasshoppers on Tuesday (both kick-offs are at 6 p.m.)

GUY'S v. BROMLEY

H.O.P., Saturday, September 7th

Guy's began their 125th season in rather a distressing manner. After a good start, things seemed to go from bad to worse. Guy's opened the scoring in the 17th minute, by gaining the ball from a set scrum on the Bromley 25. Elliott came into the line, and the ball was driven towards the opposition's try line, a loose move developed, and a Guy's forward was able to achieve a touch down. The conversion attempt failed. The visitors soon replied with a penalty goal from half-way. But it was Guy's again in the 25th minute, with a penalty goal from Elliott; now things were going well for the Hospital, and just before half-time, it was Scourfield who made a break on his own ten yard line, and handed on. Price made a lot of ground and slipped the ball inside to Osbourne, who burst through the remaining 25 yards to gain the touch down. Elliott converted.

Half-time: Guy's 11, Bromley 3.

Guy's were now set to press home their first-half advantage. But Bromley early in the second half kicked two beautiful penalty goals, and were again very much in the match, so much so that a bad defensive lapse by Guy's allowed Bromley to sneak in the winning score. Then on the stroke of full time the visitors clinched victory with a penalty goal; after the Hospital side had rallied in order to try to add another score, but the pack appeared to run out of steam.

This was our first game under the new rules, and the crowd saw some good running, especially from Price in the centre, but there was a great amount of pointless kicking from both sides.

Score: Guy's 11, Bromley 15.

Scorers. Tries: Curzon and Osbourne. Penalty goal: Elliott and one conversion.

Team: Elliott, Barford Price, Osbourne, Bundred, Scowfield Moore, Davies, Hey, Stoneham, Cockbourn, Neville, Williams, Fallowfield, Curzon. R.C.C.

HOCKEY

HOCKEY PREVIEW, 1968-69

This year promises to be one of the best seasons ever for the Hockey Club. With the majority of last year's first and second teams available, there should be no shortage of players capable of playing in the first eleven. The defence, which on the whole played well last year, are all available along with four of the forwards. On this basis the Club are hoping to improve on their record of last year of two cup finals and two losses. To help

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in this, the club will have appointed a coach who will watch the team play and, we hope, help to iron out the faults.

The second eleven will be captained by P. Neustatter, whom we hope will retain the Junior Cup for us. This season the captains of the 3rd and 4th XI are not yet elected to enable the selection committee to avoid having to keep a player in a lower team when he could hold a place in a higher side. The election of these captains will take place after the first three weeks of the season when the sides are more settled.

This season the Club should benefit greatly from the improved facilities at H.O.P., and with the two pitches once again available, we can look forward to a season in which the Club will continue to flourish on and off the field.

Freshers' trials, October 2nd, at H.O.P.
First game v. South Saxons, October 5th, at H.O.P.
Freshers v. Spirochactes, October 6th, at H.O.P.

R.K.

SOCCER CLUB REVIEW, 1968-69

The soccer club faces, as usual, a busy season, with a full list of friendlies and league and cup games at both hospital and university level. Last year's side remains intact with the exception of E. Elias, whose medical commitments preclude his playing regular football. As the club's most distinguished player of recent years, he will be sorely missed. However, under the new and, we hope, inspired captaincy of R. P. A. Lovell, pre-season training has gone well, and most players should be fit for the early games.

This season also sees the introduction of a Hospitals League and Cup for 2nd XI's, and judging by their performances against other hospital sides last year, their chances must be high.

With regard to the coming season, the club can look forward with optimism, marred only by thoughts of last season's performance in the University League. This year, however, playing in a lower division should lead to a more consistent level of success with a consequent raising of morale, the lack of which detracted so much from their play last season. With this renewed spirit, there is no reason why the current side should not achieve the victory in the Hospitals Cup which has so narrowly eluded them for the past two seasons, and give a good account of themselves in their other league and cup competitions.

I. McC.

CRICKET CLUB

Results: Season 1968

Won 11, Lost 10, Drawn 12

Results:

Beckenham 123 (Goodhart 5—25); Guy's 124—1 (Goodhart 80*).
Horsham 162—7; Guy's 67.
v. Putney Eccentrics; Guy's 107—4. Rain.
London Hospital 43, Guy's 44—1.
Bart's 130; Guy's 116.
Ashtead 97 (Clark 5—14. Pearson 5—22); Guy's 100—5.
Stoics 97; Guy's 98—6.
Guy's 117; Reigate Pilgrims 61 (Crafts 5—28).
Dragon Flies 152—7 dec.; Guy's 153—3 (Gillham 57).
Eltham Strokers 155 (Clark 5—28); Guy's 151—9.
Incognito 183—6; Guy's 184—7 (Hey 57).
U.C.S. Old Boys 166—9; Guy's 152—6 (Chase 54).
Highland Court 177—9; Guy's 100—9.
Crofton Park 85—6. Rain.
Past 163—9; Guy's 156—9 (Crafts 68).
Hampstead 144 (Clark 5—28); Guy's 145—5 (Gillham 59).
Guy's 86; Forest Hill 87—4.
Guy's 143—8; Teddington 119—8.
Park C.C., Ealing, 125 (Clark 5—21); Guy's 110—8.
Queen's, Belfast, 208—3; Guy's 120—9 (Silk 65).
Mote 226—6; Guy's 197 (Clark 58).

Southgate 87 (Croft 6—33); Guy's 90—2.
Barnes 162—7; Guy's 54—2. Rain.
v. Wallington: Guy's 234—4 (Clark 100*, Croft 82*).
Nomads 107—4 (Clark 6—12); *Guy's 109—3* (Clark 50*).
Guy's 149—9 (Appleby 68); Streatham 56 Crafts 6—18).
Met. Police 189—6; Guy's 48.
L.N.Z. 197—7; Guy's 74.
Guy's 85; Lloyds Bank 89—2.
Guy's 160; Basingstoke 180—9.
Pagham 189—9; Guy's 158 (Goodhart 50).
Guy's 81; Bognor 82—4.
Guy's 177—6; Worthing 179—6.

Catches:

Neville, 20; Clark, 14; Gillham, 12; Pearson, 10; Crafts, 9; Appleby, 9.

Averages

Batting Averages:

Qualification: 10 innings.

	Innings	Not Out	Highest	Runs	Average
Clark	31	7	100*	668	27.8
Appleby	16	3	66	281	21.6
Crafts	21	5	68	344	21.5
Goodhart	20	1	80*	394	20.7
Gillham	30	2	59*	575	20.5
Silk	21	—	65	384	18.3
Hey	14	4	57	182	18.2
Beacham	11	4	20	69	9.8
Pearson	17	0	37	117	6.9
Fordham	12	4	24	44	5.5

Bowling Averages:

Qualification: 50 overs.

	overs	maidens	runs	wickets	average
Clark	378	87	853	71	12.0
Crafts	402	108	987	66	14.1
Pearson	148	25	560	28	20.0
Appleby	67	11	203	8	25.3
Beacham	200	25	677	22	30.7
Fordham	101	23	294	1	42.0

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the appointment of **Lecturer** (full-time) in the department of Conservative Dental Surgery with duties commencing as soon as possible. Salary within the range £1,745 to £2,820, with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1., not later than **Wednesday, 2nd October, 1968.**

Applications are invited for the appointment of **Research Fellow** in the Cardiac Department. The post will provide opportunities for clinical work as well as for a research project. Appointment for one year in the first instance. Salary, according to experience, in the SHO-Registrar range. Further details of the post can be obtained from and applications should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, by **25th September.**

CHANGES OF ADDRESS

D. W. Bugg, L.D.S., R.C.S. (Eng.), The Eightlands, Hampton Bishop, Hereford. Tel: Holme Lacey 219.

Mr. E. Dudley Grasby, Dar Pawlu, 14, Minor Square Street, Attard, Malta, G.C.

Dr. and Mrs. R. A. C. Huges, 11a Bramerton Street, London, S.W.3. Tel: FLA 5845.

Dr. and Mrs. R. A. Lewin, Westfield, Latchmore Bank, Little Hallingbury, Bishops Stortford, Herts.

Miss Anne Malpas, Gridlestone House, Nuffield Orthopaedic Centre, Headington, Oxford.

Professor and Mrs. W. J. Tulley, 36 Meadow Way, Farnborough Park, Orpington, Kent, BR6 8LW. Tel: FN 58495.

BIRTH

LEWIN—On 21st July, 1968, a son, Jonathan Andrew Justin

BALEAN—On 30th July, 1968, at Eastbourne, to Elizabeth (née Cleary, S.R.N.) and David M. Balean, L.D.S., R.C.S. a son Robin Martin, brother for Caroline.

HAWLEY—On 17th August, 1968, at St. Lukes Hospital Guildford, to Hilary (née Vartan) and Dick Hawley a daughter Joanna.

ENGAGEMENT

The engagement is announced between Dr. Anthony Leyshon, 2, Box Close, Fleetsbridge, Poole, Dorset. and Miss Trixie Bennett, of Pigeon House, Warwick Road, Seaford, Sussex.

DEATH

HICKSON—On 9th August, 1968, in an aircraft accident at Munich, Philip Godfrey Hickson, M.B., Ch.B., aged 35 years and his wife, Maureen (née Wood), S.R.N., aged 31 years.

PERSONAL

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CORRECTION

Miss J. L. Clemmey, 43 Queen's Drive, Liverpool 18.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2092

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Medicine and the Press

The Medical Practitioner for many years was only rarely a star on the world stage. His position was that of a respected professional who had chosen to forsake the centre of the stage. He played his part well and kept the play going. The audience was content to pay attention to him only when he found himself with important lines to say and then they treated his performance with respect realising that with his special knowledge and skills his was a performance to be admired not subject to quite the same rigorous standards of acting as they expected of lesser but more glamorous men.

In the last few years, however, the spotlight seems to have taken to following the doctor around the stage and exposing him in many moods and fancies. Suddenly the doctor is vulnerable, discovered and exposed as only mortal and as fallible as the rest of the company. But enough of the figurative stuff.

The point of all this is to raise the question of the relationship that exists between the Medical Profession, the Profession of Journalism and the great absorbent sponge that feeds on, and feeds, the papers—the public. We have in the last eighteen months observed the immense amount of verbiage that has been printed on the subject of Medicine and we have seen the transformation of the image of the doctor from the benign, rather jolly, wise old man to the eager young body-snatcher with fangs and vulture's wings, seeking only personal glory. It is easy for those involved in medicine to see the falsity of both these images but the majority of those who read the papers must find it difficult to tell where reporting leaves off and "journalism" takes over. It is the "journalism" that we deplore. The building up of ephemera to the size and permanence of a colossus, the need for banner headlines and, above all, the increase in circulation that is the end to justify any means.

The papers now know what doctors have known for many years, there is nothing that interests people as much as their health or that of their neighbours. By playing to this gallery the newspapermen know that they are satisfying both their audience and their bosses. True one or two readers may have their faith in their doctor shattered and one or two doctors may have to be flung to the lions, but this they regard as a small price to pay for fast selling "journalism".

The freedom of the Press is one of the cornerstones of our civilisation; that is to say that it supports and preserves our way of life. If the cornerstone starts to oppress those it should support then something has gone wrong, and when journalists protest that they are protecting the public from their doctors, they cast doubt on our reason for existence. If doctors do ever give up caring for their patients, then will be the time for the journalists to leap to the attack; until then they only do harm by attacking a profession that cannot effectively answer **back.**

Report on Medical Education

Following hard on the heels of the various reports on Medical Education from our elders and betters comes a report from the B.M.S.A., edited by Michael Simpson, a Guy's man, and T. Matthews. Their report deals with many aspects of Medical Education, two of which certainly merit further examination. The first is the hoary old subject of Exams. The authors join in the general condemnation of the present system and advocate "continuous, progressive assessment" in place of the awful outpourings of more or less relevant facts in one inglorious catharsis at the end of three years. At Guy's the system of "sign-ups" is an effective way of making progressive assessments, but as yet it has no relevance as far as qualifying exams are concerned.

The other major point made in the report is about the arrangement and selection of subjects in the curriculum. The report recommends that genetics, statistics, first aid, the care of old people, psychology and psychiatry should all have much more emphasis placed upon them. The list is hard to quarrel with and one would add to it rather than take any away. However, the main plea in this section is for a clearer guide to the relevance of all that we do at Medical School to our work later in life. This may, in some ways, be crying for the moon since the relevance of almost all we do at Guy's does eventually become clear when one has gathered sufficient background knowledge to be able to fit the various factors into their rightful places. To hope to be able to see this complex inter-relationship from the outset may be unreal but an attempt to emphasise the relevance would be a most encouraging thing.

Perhaps one of the major obstacles to our seeing the inter-relationship between — most especially — the pre-clinical and the clinical studies is that stunting experience of Second M.B. It is so easy, with an exam looming large on one's horizon, to see it as an end in itself. A stygian slough which, once crossed, releases one into a new and almost totally different way of life. The relevance of all that eagerly and often brilliantly imparted knowledge only rarely becomes obvious before the memory of it has faded into vagueness and the flash of insight into this pattern fades into a frustration of ignorance until one can uncover the now dusty tome and rediscover the facts.

There is delight in this rediscovery, and in the appreciation of the patterns that would turn a boring three-hour practical class into an exploration and a dry-as-dust lecture into a vital jig-saw piece. Integration of the pre- and clinical courses would help illustrate these patterns and a complete reversal of emphasis, with six months or so spent on the wards learning to observe and to enquire, before setting out on the scientific trail might lessen the subsequent frustrations.

The Rugby Club Dinner—125th Anniversary

The organisers of this famous occasion have asked us to emphasise that **all past** and **present** members of the Hospital will be welcome at the Dinner on October 30th. Details will be found on page 538 of this issue.

Sister Dungay

We offer our congratulations to Sister Dungay on her selection as one of a list of five Theatre Sisters from all over the country from which two will be selected for a Johnson and Johnson Travel Award. The award, which is made annually, enables a Theatre Sister from this country to visit the U.S.A. and another to visit Sweden. The final selection will be made in October and we extend our best wishes to Sister Dungay in the hope that she will be one of the fortunate pair.

GUY'S DIARY

DENTAL HYGIENISTS

A 10-month course for female Dental Hygienists will commence in April, 1969. Candidates must be at least 17 years of age and should have obtained a minimum of four "O" level subjects in the G.C.E. Application forms, which should be submitted by Friday, 18th October, 1968, may be obtained from the Department of Preventive Dentistry, Guy's Hospital, S.E.1.

OCTOBER

3rd	Th.	1.00	Clinical Lecture. Mr. WASS. "The Passage of Blood per Rectum."
4th	F.	1.00	Clinical Lecture. Prof. ALEXANDER G. BEARN, M.D. "A New Approach to Genetic Disease, using Skin Culture."
8th	Tu.	1.00	Clinical Lecture. Mr. BLACKBURN. "The Use of Radioiodine in Thyroid Disease."

THE TREATMENT
OF
DRUG ADDICTION

by

J. H. Willis

Introduction.

The treatment of drug addiction is notoriously difficult, and because of the very nature of the addictive process itself, it is hardly surprising that there are few topics in medicine which appear to have aroused such strong feelings and elicited such biased attitudes. In the United States political capital has been made out of narcotic programmes and as A. M. Freedman (1966) has pointed out "In the U.S. Political campaigns have been conducted in which the principal issue has been whether one of the candidates is hard or soft on narcotic addiction". Fortunately such a state of affairs has never arisen in this country, but it is conceivable that one day it might.

It is important, therefore, clearly to state a few general principles relating to the treatment of addiction. A large amount of work in this field has been carried out in America, and while it is not necessarily transferable completely to our culture, to neglect it is to neglect an important section of clinical and research experience.

Addiction to the opiates—in particular heroin, was in this country a medical curiosity until recent years. Formerly a condition in which the drug involved was principally morphine—taken by middle-aged "therapeutic" addicts, the epidemiology of the condition has changed considerably, so that now opiate addicts are youthful and use heroin; perhaps what is more important is that we appear to have the beginnings, at least, of a drug using sub-culture. To date, studies carried out on these patients (Bewley, 1966, James, 1967, Willis, 1968) have been mainly on institutionalized subjects, but a more recent study (Kosviner *et al,* 1968) has taken research away from the artificial atmosphere of the hospital or clinic, and into the community. It is likely that further studies of this sort will yield useful information.

Basic Principles Relating to the Treatment of Addiction

The following basic principles are not original statements. They are extracted from the writings of Freedman and Brotman, of the New York Medical College—Metropolitan Hospital programme, whose observations on these topics are rational and clearly stated.

1. Drug addiction is a disorder of multifactorial aetiology.
2. Drug addicts are not a homogeneous group.

Dr. Willis is consultant in Drug Addiction at Guy's, King's College, and Bexley Hospitals.

3. Total abstinence as the primary treatment goal for every patient is unrealistic—a variety of treatment goals are available and each patient should be studied so that a rational treatment plan can be devised in each case.
4. There is a constant need for a critical evaluation of all treatment programmes.
5. Identifying and treating the addict alone is not sufficient. Because of the complexity of this disorder there is a need to scrutinize some of the basic institutions of society, such as education, law enforcement and occupation.

The simple common sense of these statements cannot be overemphasised.

Clinical Examination and Interviewing of the Addict.

Eliciting a history of drug usage presents a number of difficulties which are not ordinarily present in history taking from a patient in a medical or psychiatric out-patient clinic. For a variety of reasons many patients will be untruthful, and from the start the doctor has to accept a relationship in which the patient must be encouraged as far as possible to trust him whilst he, as a doctor, knows well that it may be extremely difficult to trust the patient at all times. It is worthwhile emphasizing "at all times" because people's ability or inclination to tell the truth varies considerably. Just because a patient has misled a doctor on one occasion this does not necessarily mean that he is going to do so on every occasion.

There are no essential differences in history taking from the addict than from any other patient, but there are areas of the subject's history that require closer scrutiny. A traditional scheme of psychiatric case taking, e.g. enquiry into family history, personal history, history of previous disorders, etc., should be used but it is important also, always to enquire and get from the patient a clear description of the pattern of his drug usage. The reasons for this are that we do need to know a great deal more about the natural history of drug usage than at present is known. A simple method is to ask the patient to start off with the very first substance that he ever used, and go into the development of the patterns of drug use thereafter in chronological order. This can then be rechecked at a later date to see if it matches, i.e., to try and establish its reliability. One should always enquire about the complications of drug misuse, e.g., in the case of the amphetamines—episodes of amphetamine induced psychosis. And whenever self-injection with any drug is a feature, one should always ask about the septic complications of self-injection such as abscesses, septicaemia, pneumonia, syringe transmitted jaundice and the like.

It is important too, to take a full history of the patient's contact with other treatment agencies and also what, if any, experience of delinquent behaviour he may have had. Useful indices and predictors of delinquency such as persistent truancy in childhood, should be noted, as should the individual's experience of arrest and court appearance, with a complete record of any experiences he may have had of correctional agencies such as detention centres, approved schools, borstal, prison, etc.

Physical examination of the patient includes inspection of injection sites, number of injection marks, needle tracks, abscesses, inflamed areas, etc.

Is the Patient taking the Drugs?

One of the central problems always is to decide whether or not the patient is taking what he claims to be, and the only check we have on this is by thin layer chromatographic examination of urine specimens which reveal the presence of opiate, barbiturate and other drugs which the patient excretes. Having established that the patient is actually taking and addicted to the drug concerned, one then has to look at the various treatment possibilities.

Withdrawal from Drugs.

Traditionally this is carried out in hospital where the patient can be closely observed and the whole process of withdrawal supervised. However, gradual reduction of the doses of opiates to a very low level and complete withdrawal can be accomplished at the out-patient clinic provided one has a co-operative patient.

Withdrawal from opiates in hospital usually presents little difficulty, and the methods used appear to be related to the preferences of the practitioners concerned. Nowadays methadone (Physeptone) is freely used in this situation as it is a simply administered substitution drug which has the advantage of a long duration of action, so that the patient need only take it by mouth twice a day. In the case of addicts taking doses of heroin in excess of 240 mg. a day it is not unreasonable to give injections of heroin intramuscularly for the first 48 or 72 hours, and then continue on methadone.

Withdrawal from barbiturates presents some important hazards because of the development of barbiturate withdrawal fits, and for this reason perhaps the simplest approach is to ensure that the patient is maintained in a state of chronic barbiturate intoxication similar to that which he displays on admission using pentobarbitone in divided doses throughout the 24 hours. Thereafter the dose may be reduced by 100 mg. per day. Phenothiazine tranquillizers should not be used because of their epileptogenic activity.

After Hospital Treatment, What Next?

It is important to establish from the outset the role of in-patient treatment of the addict, and this can perhaps be conveniently defined by using in-patient facilities as a base for the investigation of the patient during withdrawal or even without withdrawal from drugs, so that he may be introduced to a treatment plan geared to his particular needs. The unit can then be used economically as a place where a patient can be intensively investigated and appropriate social and psychological data accumulated. Periods of detoxification can be used as opportunities to improve the patient's physical status, and restore normal sleep and eating patterns.

After this, decisions about the future care of the patient can be taken.

It should be realized that there are many reasons why patients enter hospital, other than to achieve permanent abstention from drugs. These reasons include treatment of physical and psychiatric complications of addiction—treatment of associated psychiatric disorders such as depression, to find haven from a wide range of social and other pressures or to alter their pattern of drug usage. It is important to know which of these goals the patient has set for himself before admission. All this has to do with the fact that many people who are addicted to drugs have undergone radical alterations in their way of life since drug usage, probably partially as a result of the effect of the drug itself, but perhaps more importantly as a result of their having adopted the modes of behaviour and life styles of a drug using subculture. This radical change in their way of living is something that admission to hospital is unlikely to alter. And it is this difficulty in altering the addict's way of life that is the stumbling block in so many treatment programmes. It is often suggested, for instance, that if these patients were isolated in some remote community or an island or whatever, then this would have the advantage of keeping them completely away from the way of life they had before. But the gains of this sort of programme are illusory rather than realistic since ultimately everyone has to live in the world as it really is and also since, ultimately, people will return to the sort of community in which they have been living. So that the rehabilitation proper of the addict should include community-based facilities such as hostels, which have been demonstrated to be relatively inexpensive and which can be a productive site for rehabilitation.

Modes of Rehabilitation.

Some of the most effective rehabilitation experience in the United States has been achieved through the models provided by Synanon and Daytop village. Synanon was founded by a man who formerly had an alcoholic problem and has developed a number of communities where ex-addicts operate forcefully in rehabilitating other addicts.

Both Synanon and Daytop Village use vigorous group interaction as modes of influencing the patient, and the addicts who join such communities have initially to accept a lowly status in its hierarchy, proving by their ability to stay away from drugs and conduct themselves sensibly that they are well motivated towards the ultimate goal of staying completely away from drugs. Naturally, such facilities will attract only the more highly motivated patients so that in a sense their scope may be limited. Nevertheless there is much in their methods that is extremely productive. In this country we have as yet nothing really of this sort available, but it is likely that these models will be copied in modified forms.

Pharmacological Agents in the Treatment and Rehabilitation of Addicts.

The traditional psychogenic view of the addictions is that these are states which develop in individuals with personality disorders and that the addictive process is an outgrowth of it. This view is questioned by Dole and Nyswander (1966), who suggest that much of the drug seeking behaviour and antisocial activity of the addict is related to the effects of the drug itself, and that states of pharmacological blockade are likely materially to influence such behaviour. Evidence for this is based on the retrospective analysis of the methadone maintenance programme. This was started in 1964 in New York and utilises the blockade effect of methadone when given in high doses. This blockade is said to abolish narcotic craving and also abolish the effects of narcotic drugs, should the patient happen to take them. Certainly the first patients in this series were individuals in whom repeated treatment failures had been the order of the day, and the results have been impressive to say the least. Critics of the success of the programme have pointed out that patients had probably arrived at a stage in their drug-taking career when they were more likely to begin to show some improvement than not, but nevertheless the use of methadone maintenance appears to have salvaged a considerable number of previously untreatable addicts in New York.

Cyclazocine is a narcotic antagonist of the Benzomorphan series. Although not available in this country as yet, it has been shown in studies in America to possess potent blockade effects (Jaffe, 1966). It not only abolishes narcotic hunger but obliterates euphoria should the patient inject himself.

The proponents of neither of these methods would suggest that they are the complete answer to the problem but they do represent important agents which inhibit the patient's drug seeking and drug craving, making him more amenable to psychotherapy and rehabilitation. In this alone their efficacy appears to have been clearly demonstrated.

Conclusion.

The current concern about the increase in the incidence of opiate abuse by young people is justifiable and well intentioned. A condition which carries a mortality of 22 per 1,000 in addition to an appreciable morbidity is clearly an important medical problem in addition to the associated psychiatric and social problems. However, it is vital that it is considered within a larger context, namely that of drug abuse as a whole, otherwise disproportionate attention may be paid to the drug rather than to the population at risk.

In Western Society opiates generally are regarded with disfavour outside their strictly medical uses and society places sanctions on their illicit use. In the United States the sanctions are direct and clearly defined—in this country they are indirect. Popular, and for that matter, medical, stereotypes of the heroin addict are likely to be influenced by fiction and plain lack of experience rather than by fact. For a variety of reasons heroin addicts may evoke strong negative feelings on the part of doctors and nurses. These feelings may have to do with the life style of addicts, the poor results of treatment and a general feeling of helplessness experienced in the face of a phenomenon that is inexplicable, persistent and often wearisome. The same comments could be made about many chronic disorders but addiction is peculiar in that it is a disorder that the individual may appear to have selected. It should be noted, too, that addicts may evoke positive feelings in the inexperienced—and these reactions can be equally misleading.

The deleterious effects of heroin are more properly the effects of unsterile injections than of heroin itself, while the effects on the addicts' social behaviour tend to render him passive rather than actively antisocial. He and society usually suffer or are made aware of his existence when he is without the drug—in truth it has often been said that the alcoholic suffers when he is intoxicated, the addict when he is not.

One of the basic problems appears to be that for a wide range of reasons—some of them obvious, some less—people choose to intoxicate themselves periodically or continuously. Depending on what culture they live in, their intoxication is either tolerated or proscribed.

When someone becomes an addict, or is defined as such, it is customary to offer total abstention as a basic treatment goal. In the case of heroin addiction this is extremely difficult since the majority of addicts return to drug use—and there is no treatment method which is better than any other in this respect. Even the success of the Methadone Maintenance Programme is described by its originators in terms of cautious optimism. The history of the treatment of opiate addiction is marked by frequent (later unsupported) claims of dramatic success. Yet constantly the demand for such success persists. It has to be asked not whether total abstinence is a reasonable goal but rather whether it is a reasonable goal for every patient. Because of the urgency of the problem there is an unscientific tendency to try to develop a treatment modality applicable to all cases.

If addiction were a one factor state then this would be acceptable. But it is not. It would seem logical then to approach the problem concentrating not just on the addict or the drug but rather on evaluating the total situation, examining the natural history of the addict's drug usage without any preconceived notions. In this way differing patterns of drug use may be recognised, compared with others and evaluated against the background of the patient's life situation and development.

There is a need for a return to traditional medical and psychiatric practice in this respect. Each patient needs to be assessed in a climate of clinical enquiry uninfluenced by the demands of tenuous theory.

It is true that opiates in general may appeal to deviant personalities but there is a need to get away from the sterilities of statements such as "all addicts are psychopaths" and recognise that such a statement *may* mean "Addicts seen in hospital are more likely to be psychopaths than not. Addicts seen in prison are very likely to be psychopaths. Addicts not receiving licit drugs and not seeking treatment are an unknown population".

In this country we are at the beginning of an epidemic of opiate abuse—an epidemic that is unlikely to engulf the nation, however. The narrow area of opiate addiction should therefore be examined within the larger area of drug or substance abuse in general. Amphetamines, barbiturates, alcohol and hallucinogens are all substances which merit our attention as differing aspects of deviant behaviour.

It is evident too that changes may be imminent in drug abuse. In the U.S.A. for instance the number of heroin addicts, though large, is relatively static, though the middle and upper class white addict is now becoming more common. Also the abuse of amphetamines and marijuana shows a rapid increase among young Americans. What are the implications of this ? If 70 per cent of a population is smoking marijuana does marijuana smoking then become a normal activity?

We face a continuing increase in opiate and "soft" drug abuse—there is little doubt of that. The function of treatment units in this context will be to collect information whilst offering treatment possibilities. The latter should be modest in aim and explicit in intention. In this way the co-operation of patients is more likely and may embellish the former. Above all there should be no suggestion that a treatment unit offers solutions to complex problems—no matter how strong the pressures may be.

REFERENCES:

Bewley, T. H. (1966). " Recent changes in the pattern of drug abuse in the United Kingdom ". Bull. Narcotics XVIII. 4. 1—13.

Dole, V. P., Nyswander, M., Kreek, M. J. (1966). " Narcotic Blockade ". Arch. Intern. Med. 118. 304—309.

Freedman, A. M. (1968). " Towards a rational approach to the treatment of Narcotic Addictions: Basic Notions " in " The Addictive States ". Chap. XXX. 378-386. Baltimore. Wilkins Co.

Freedman, A. M. Brotman, R. E. Meyer, A. S. (1964). " A model continuum for a community-ased program for the prevention and treatment of narcotic addiction ". Am. J. Pub. Health. 54. 791—802.

Jaffe, J. H., Brill, L. (1966). Cyclazocine: a long acting narcotic antagonist; its voluntary acceptance as a treatment modality by narcotic abusers. Internat. J. Addict. 1. 99—123.

James, I. P. (1968). " Delinquency and Heroin Addiction ". To be published.

Kosviner, A., Mitcheson, M. C., Myers K., Ogborne A., Stimson, G. V., Zacune, J., Edwards, G. (1968). " Heroin Use in a Provincial Town ". *Lancet*. 1. 189—92.

Willis, J. H. (1968). " The Natural History of Drug Dependence: some comparative observations on U.K. and U.S. subjects ". Symposium on Scientific Basis of Drug Dependence (in Press).

NOTICES

Annual Dental Ball

Guy's Hospital Dental Society are pleased to announce that the Annual Dental Ball will take place this year on Friday, 8th November, at the Dorchester Hotel, Park Lane, W.1.

Tickets are now available from the Ball Secretary, Miss C. A. Blanks, c/o Dental School.

Double tickets, £5 10s. 0d. (£4 10s. 0d. to Students).

Rugby Club Dinner

Tickets are available to all Guy's men for the Rugby Club 125th Anniversary Dinner on Wednesday, 30th October, at the Grosvenor House Hotel at 7.30 for 8.0 p.m. They may be obtained from officers of the Club or by application to Dr. G. M. Preston, The Department of Physiology, Guy's Hospital Medical School. Prices: £4 4s. 0d. for students and £5 5s. 0d. for qualified men.

G. Hey, Hon. Secretary.

PROSTAGLANDINS

by

D. S. Briggs

If it were possible to go back some 60 years in the history of physiology and pharmacology, I am sure the majority in these fields would have gladly accepted the view that when an electric impulse travelled down a nerve to a synapse it managed to reach the other synapse by means of an electrical pump in the circuit. The idea that a chemical or chemicals would be involved was unheard of.

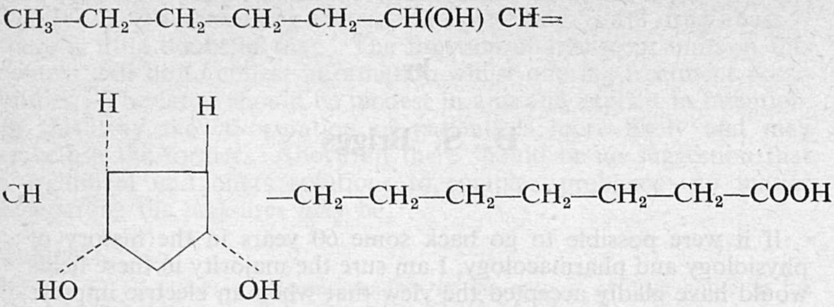
However, in the year 1877 Dubois-Reymond made probably the first reference to the possibility that chemical substances might be concerned in the transmission of excitatory processes in motor nerve terminals to effector organs. He postulated that transmission of the nerve impulse could either be made electrically by action currents or chemically by exciting substances like ammonia or lactic acid formed at the surface of nerve ending. It is now a well known story of the events which led to the acceptance of the Neurohumoral transmission theory and such names as Dixon, Dale and Loewi stand out above others in the establishment of such an idea.

Some 60 years have now passed and still the mechanisms of action of Acetylcholine at its various sites in the body is still a subject of great interest and value. With this thought in mind the appearance of other pharmacologically active substances, some fortuitous, others not, into the field of science, pose unanswered questions, the answers to which may reveal vital information which may possibly change one's ideas and approach to certain aspects of medical science.

One such family of substances are the Prostaglandins. Prostaglandins are long chain, unsaturated hydroxy acids, of which 6 have been identified and named E_1, E_2, E_3, $F_{1\alpha}$, $F_{2\alpha}$, $F_{3\alpha}$ (Goldblatt, Eliasson). Von Euler, (1933) found a substance in seminal plasma which stimulated smooth muscle and lowered arterial blood pressure. He thought the substance was produced in the prostate gland and hence it was called prostaglandin. Prostaglandins have now been isolated from different biological sources, including semen, vesicular glands, menstrual fluid, amniotic fluid, brain, lung, amnion, chorion and decidua etc.

David Briggs is a medical student at Guy's, who recently graduated B.Sc. in Pharmacology.

PgE$_1$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—CH₂—CH₂—CH₂—CH₂—CH₂—CH₂—COOH
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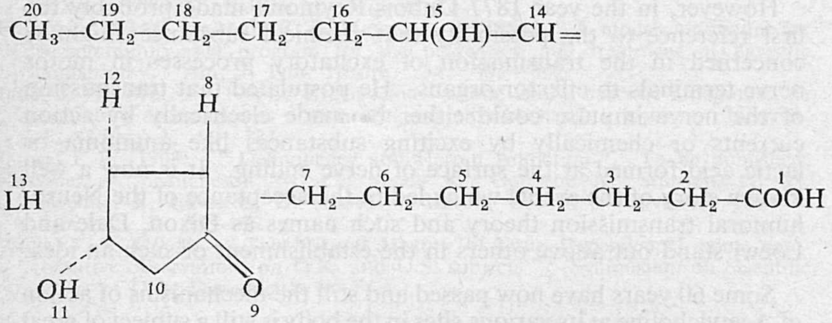
OH

11α, 15 dihydroxy 9-ono-prost 13 enoic acid

PgF$_{1\alpha}$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CH₃—CH₂—CH₂—CH₂—CH₂—CH(OH)—CH=
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2
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O
9

9α, 11α, 15-trihydroxy-prost 13 enoic acid

Since they have been found to be such active substances it has been assumed that they must serve a physiological function. Most of the alleged functions have stemmed from observations of their most active properties. It is of interest that before the identification of prostaglandins in other tissues, Van Euler thought that the prostaglandins were confined to the reproductive tract, and that they might ease conception by relaxing the Fallopian tubes and aiding sperm motility. Experiments have been performed on sperm motility and the prostaglandins have been found to have no effect. Horton (1965) has found that in the rabbit uterus *in vitro* there was no activity to E$_1$ but contraction to F$_{1\alpha}$, but *in vivo* E$_1$ prevented spontaneous contraction. With the rat uterus F$_{2\alpha}$ and E$_1$ both caused contractions, the activity of F$_{2\alpha}$ being greater than E$_1$ (conc. 25 nanogms/ml). Similar observations have been observed on the cervix of the anaesthetised rabbit with E$_1$, but the most pronounced effect is on the oviduct where it reduces tone and contractions. With the rabbit Fallopian tubes *in vitro*, E$_1$ relaxed and F$_{2\alpha}$ caused contraction, the activity of F$_{2\alpha}$ being greater than E$_1$. Human Fallopian tubes are contracted at their uterine ends and relaxed elsewhere.

Prostaglandin is absorbed by the vaginal mucosa and a possible physiological mechanism was thought to exist. Prostaglandins being absorbed by the vagina, enters the blood stream and were thought to act exogenously on the uterus and Fallopian tubes causing uterine sucking to aid conception. Unfortunately the concentration needed to produce such an effect is far greater than that which exists physiologically; any relatively large concentration of prostaglandin is diluted to minute quantities on entering the blood stream, and extravascular tissue spaces. It is of even greater interest to find that in the rabbit in which prostaglandins have been found to be extremely active, no prostaglandin is found in seminal plasma.

Menstrual fluid also contains $F_{2\alpha}$ and the E fractions and these always produce contractions of myometrial strips. They would be possibly coming from the disintegrating endometrium. Women suffering from dysmenorrhoea show high concentrations of the F series.

Extracts from the umbilical cord (Karim, 1966) closely follow the distribution in amniotic fluid during pregnancy; the E_1 causes relaxation and the E_2, $F_{1\alpha}$, $F_{2\alpha}$ cause contraction of umbilical blood vessels. Pregnant women not in labour, contain only the E series in the amniotic fluid, but once labour has started there are high concentrations of $F_{1\alpha}$ and $F_{2\alpha}$. It is possible that the prostaglandins could play a physiological role in the maintenance of pregnancy and possibly in the initiation of labour. Another interesting pointer is that women having had spontaneous abortions have raised $F_{1\alpha}$ and $F_{2\alpha}$ fractions.

The E series seem to be more active than the F series on vascular smooth muscle of the species investigated, and cause a fall in B.P. after intravenous or intra-arterial injection which is due to vasodilatation and not constriction of hepatic vessels (cat, rabbit). There is an increased blood flow through skeletal muscle (cat gastrocnemius), $F_{2\alpha}$ was a vasodilator, but found to be less active than E_1.

The pressor and vasoconstrictor activities of angiotensin, vasopressin and noradrenaline are reduced by prostaglandins, which seems to be due to a decreased responsiveness of the smooth muscle. The E_1 fraction does not release adrenaline from the adrenal medulla on close arterial injection, as does bradykinin. E_1 has only weak effects in increasing capillary permeability. These effects are of doubtful physiological significance. It is unlikely that prostaglandins would be released as local metabolites in functional hyperaemia with other more active vasodilators, histamine and 5–HT present. If prostaglandins were circulating in the blood under physiological conditions, their concentrations are too small to cause a depressor effect.

Long chain fatty acids inhibit the growth of certain bacteria and yeasts, and the presence of such substances accounts for the antibacterial activity of sebaceous secretions. Prostaglandins do not do this and hence rules out the possibility of it being a defence mechanism against invading bacteria.

The application of E_1, E_2, E_3 into the cerebral ventricles of unanaesthetised cat is followed after a latency of about 20 minutes by *catatonic stupor and sedation. The righting reflex is always* present and there is no ataxia. $F_{2\alpha}$ is the only one found in the brain and produces little effect. In chicks, where the blood brain barrier is absent, injection of the E fractions causes loss of the righting reflex and sedation and $F_{2\alpha}$ causes postural defects. Possibly $F_{2\alpha}$ is the precursor of the E fractions. The contraction caused by E_1 on guinea pig ileum is partially antagonised by atropine, which suggests that a nervous element may be involved.

In conclusion one can say that because prostaglandins are found in such a variety of tissues, it is unlikely that the significance is confined to the reproductive tract. Prostaglandins have equal biological activities on a range of tissues. The idea that they may be *hormones is not tenable with the present evidence:* E_1 *for example* inhibits vascular, respiratory and reproductive smooth muscle, and in large enough doses depresses C.N.S. activity. Under what circumstances would such a combination of effects occur? Prostaglandins could possibly be acting as coenzymes. The E and F *fractions may function in pairs;* $F_{1\alpha} \longrightarrow E_1$ *or vice versa. It would* seem that if E is the H acceptor and relaxes smooth muscle then the F might be thought to have the opposite action, but not the same. Possibly $F_{2\alpha}$ is a less active precursor of E_1 as in the lung and possibly in the brain, and E is the important prostaglandin. The semen is not a storehouse for prostaglandins and since the extracts from sheep and human seminal plasma are predominantly E's it would seem to confirm this.

An interesting aspect is the similarity of the activity of adrenaline and noradrenaline. Adrenaline like the E_1 fraction has potent inhibitory activity, but both have powerful actions on tissues that are stimulated. Also the more potent inhibitor is produced from a less potent one;

$$\begin{array}{c} \text{Nor} \longrightarrow \text{Ad.} \\ F_{2\alpha} \longrightarrow E_1 \\ \text{inhibiting potency} \end{array}$$

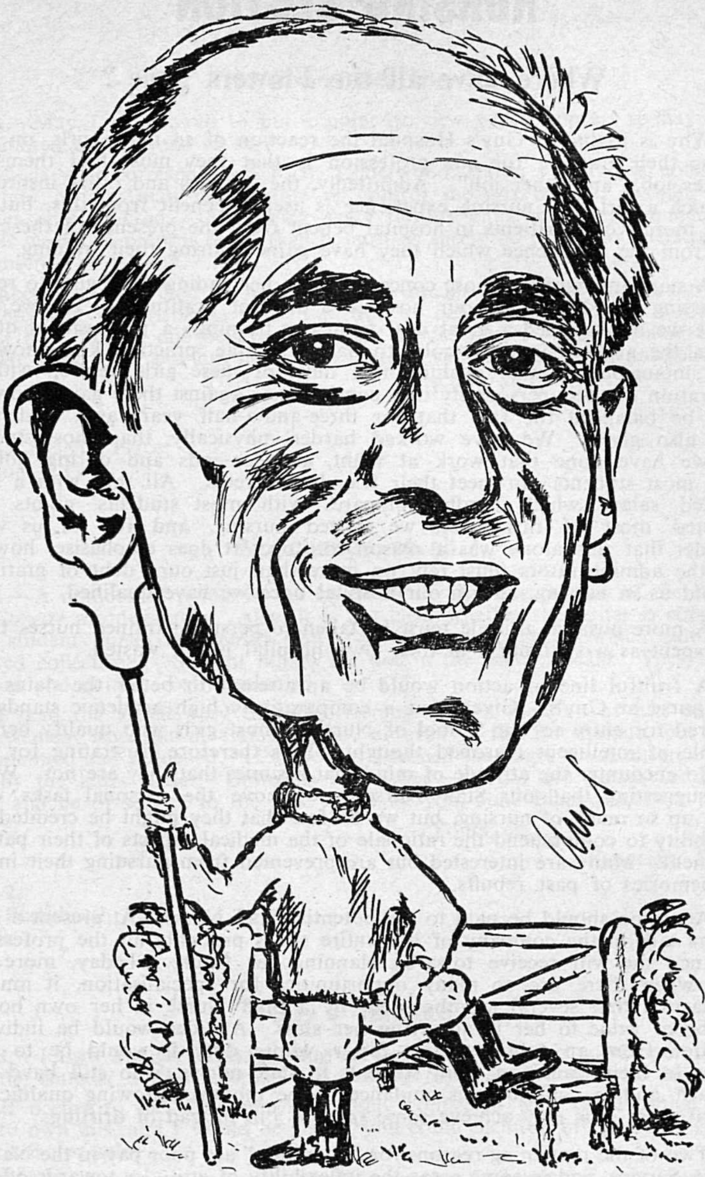
The inhibitory and excitatory significance, may therefore be at different sites. Since the identification and extraction of the prostaglandins, the majority of work has been concentrated on the identification and extraction from amniotic fluid at various stages during a pregnancy, and at the onset of labour. The levels of prostaglandins in the tissues responsible for the development and maintenance of the pregnancy have also been investigated to assess the site of production of these substances.

It is possible that with continued research its true physiological significance may be elucidated.

REFERENCES

HORTON, E. W. & MAIN, I. H. M. (1965) A comparison of the actions of Prostaglandins $F_{2\alpha}$ and E_1 on smooth muscle.
Br. J. Pharmac. Chemother. **28,** 470

KARIN, S. M. (1966) Identification of Prostaglandins in human amniotic fluid.
J. Obstet. Gynaec. Br. Commonw. **73.**



For I come from Kauntze
of hoot and kern.

Tennyson: The Brook (with apologies)

NURSING SECTION

Where have all the Flowers gone ?

Why is it that at Guy's Hospital the reaction of so many girls, on completing their training for our profession is that they must find themselves another job, "any other job". Admittedly, the Airlines and other institutions to which a girl with nursing experience is useful, benefit from this, but how much more would patients in hospital benefit from the presence of these girls and from the experience which they have gained during their training.

A standard retort of those concerned with persuading these girls to remain in nursing is, "You owe your hospital a debt of gratitude." Do we? Of course we have gained a great deal from our training—a professional qualification, the ability (on the whole) to handle people, practical know-how and many intangible personal qualities that most of these girls develop with the maturation of their personality in a community. Against these gains, however, must be balanced the fact that for three-and-a-half years as a student we have also given. We have worked harder, physically, than most students, and we have done that work at night, at week-ends and during holidays when most students can meet their friends and relax. All this, with a much vaunted salary which hardly compares with most students' grants. We expected most of this when we started nursing, and few of us would consider that this alone was a reason to stop. It does emphasise, however, that the administrators must rely on more than just our "debt of gratitude" to hold us in nursing, and in our hospital once we have qualified.

A more positive attitude must be taken to persuade trained nurses that a year spent as a staff nurse at their own hospital is not wasted.

A fruitful line of action would be an attempt to better the status of a staff nurse at Guy's. Given that a comparatively high academic standard is required for entry to our School of Nursing, most girls who qualify here are capable of intelligent reasoned thought. It is therefore frustrating for these girls to encounter the attitude of mind that assumes that they are not. We are not suggesting that our Staff Nurses are above the personal tasks which make up so much of nursing, but we do feel that they might be credited with the ability to comprehend the rationale of the medical aspects of their patients' treatment. Many are interested but are prevented from pursuing their interest by memories of past rebuffs.

Attention should be paid to the potential Staff Nurse. At present a single careers talk in the company of her entire set is probably all the professional guidance she will receive towards planning her future. Today, more than ever, when there are so many opportunities for specialisation, it must be emphasised that several months spent by a Staff Nurse in her own hospital will be of value to her in achieving her aims. An idea would be individual attention from an Administrative Sister, whose duty it would be to guide nurses in their transition from students to staff nurses, who still have much to learn, and to continue this guidance in the months following qualification, so that these girls may achieve some *specific* aim instead of drifting.

Two of the remaining reasons for "migration" are poor pay in the National Health Service, and in some areas the inflexibility of attitudes towards off-duty. The increasing number of nurses joining Agencies where pay is good (and off-duty self-determined) is a blatant demonstration of the financial inequality which exists between our profession and others. Enough has already been said on these two subjects by too many people on too many occasions for further comment to be necessary.

Where have all the flowers gone ?

To richer pastures, everyone. . . .

CORRESPONDENCE

The Pope and The Pill

SIR,—May I be allowed to put a point of view which appears to have been ignored by everyone so far?

If, as your correspondent, P. R. Underwood, states, " that it is not within the right of any man to frustrate or control the gift of life, a right which belongs only to God", then surely every fertility clinic is clearly condemned? *If it is wrong to prevent birth, then it must as surely be wrong to interfere with* the absence of fertility.

Accepting that God is All Mighty, to imagine that one can in any way interfere with His wishes is a contradiction by definition. I am not a Catholic but I think that if one believes that God sends babies, one must also believe that He sends rain, but has never said that we should not use an umbrella!

Yours, etc.,

P. H. LOMAX

15, St. Helen's Place,
London, E.C.3.

No change at all ?

SIR,—A number of points in the article in the Nursing Section of the current *Gazette* are debatable. Also, it is not clear whether the writer is concerned with student nurses or trained staff; two distinct categories which cannot be covered collectively. Student nurses are not in the salaries scale. They receive a grant and quite a costly training.

I read the article very carefully, hoping to find mention of just one tiny improvement since Sarah Gamp's days, or even in the last decade, but I was disappointed and saddened. However, as I turned the pages I was cheered up no end by the letter under "Uniforms in Arabia"—"What are nurses for but to serve and be of service to the sick". Thank you, June Blackwell,

Yours, etc.,

FLORENCE TAYLOR

Flat 2,
103, Blackheath Park,
S.E.3.

Guy's Tankard

SIR,—I own a silver drinking mug of George II which is contemporary with the founder of the Hospital and bearing his coat of arms with motto.

It occurs to me that someone closely connected with the Hospital might like to own this, and I would be glad if you could mention in the *Guy's Gazette* that it is for sale.

A New York firm have expressed an interest in buying it, but I would so much prefer it to find its way back to Guy's.

I have a particular attachment to Guy's as I was born there in casualty in rather a hurry!

Yours, etc.,

F. J. R. SCOTT-MONCRIEFF.

94, Little Marlow Road,
Marlow, Buckinghamshire.

Mrs. J. Kingston

SIR,—May I, through the courtesy of the *Gazette,* thank the many friends of my late husband for the lovely flowers and letters received at the time of his death. These were greatly appreciated by my family.

The flowers were returned to Guy's and distributed to the wards, where I am sure they gave much pleasure.

Yours, etc.,

J. KINGSTON.

7, Overbrae,
Beckenham, Kent.

Retirement Present

SIR,—May I through your columns, express my very sincere thanks to everyone who so kindly contributed towards the wonderful present given to me on my retirement.

Yours, etc.,

MOLLIE RUSBY.

5, Cuckmere Court,
Sutton Park Road,
Seaford, Sussex.

OBITUARY

Angela Rosemary Fawcett

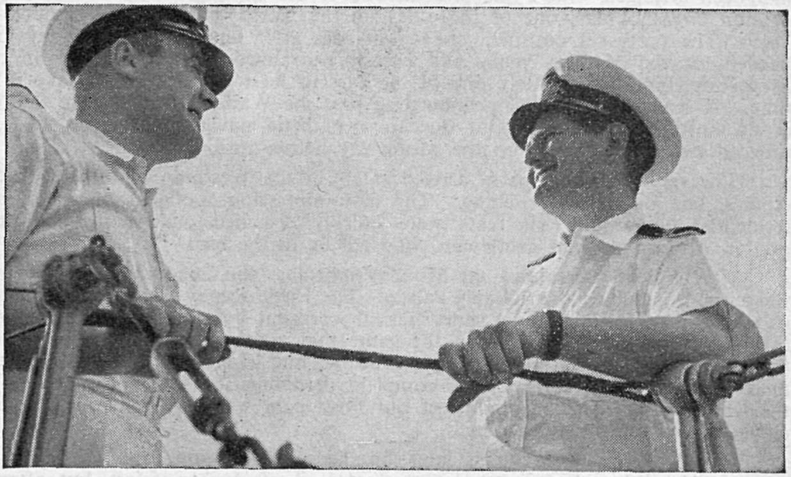
Great sadness at the untimely death of Angela Rosemary Fawcett (née Fooks), on th August, will be felt by her innumerable friends and patients. She bore a long and painful illness with her qualities of intelligence, courage, consideration for others, humour and absolute refusal to surrender to adversity which so endeared her to those same people.

Angela qualified L.D.S., R.C.S.(Eng.) at Guy's Hospital in 1952, as had her brother before her. After gaining the distinction of being the first woman House Surgeon at Guy's, she specialized in orthodontics and qualified D.Orth. in 1952. She had practised with her husband in Devizes since 1959.

We will long remember her and be inspired by her example. We extend our deepest sympathy to her husband, Michael, and her young children Jane, Peter and John.

P.G.D.

This Dentist is taking a Far Eastern Cruise.



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Royal Navy

SPORT

RUGBY CLUB TOUR

The Rugby Club, with a party of 23 players, undertook a short tour of the North West of England from the 15th to the 18th September. Fixtures had been arranged with Fylde R.F.C., one of the leading Northern clubs, and Preston Grasshoppers, one of the oldest in the North, having been founded in 1869. The party set out in a convoy of cars after lunch on the Sunday and headed for the M1. A venue had been pre-arranged for a tea break on the Motorway, but unfortunately one of the cars at least did not quite make it in time. A second car was sighted hurtling past the Watford Gap Service Station at an unrecordable speed, and due to a pathetic navigational error, had to proceed twenty-four miles up the Motorway before turning round!

However, the whole party arrived safely at the Westmoreland Hotel in St. Anne's, late on Sunday evening. The first impression was that of a geriatric residential home, but our fears were quickly dispelled on meeting the proprietor, a most pleasant gentleman, who led us to the bar.

After a hearty breakfast on Monday morning, the famous St. Anne's pier was visited, including the Sultan's Palace. The Fylde Rugby Club kindly allowed us to use their facilities for a short tactical work-out before lunch. This proved invaluable as so happened, as in the game that evening, we were right on top from the start. A full report appears below, but it should be stated that the most encouraging factor was the complete determination and spirit shown by the whole team. The hospitality of our host team was very generous, and we enjoyed a very pleasant evening.

Breakfast was taken a bit later on Tuesday morning, but was attacked with equal relish. A few members complained of double vision, but after a brisk work-out on Fylde's ground again, their heads slowly cleared. Seven changes were made for the match against Preston Grasshoppers, but even with so many changes, the team adapted themselves very well, and again, an abundance of determination and spirit was very evident, and the result was another good win.

With two wins in two days, the final evening was spent in royal fashion. That dreaded ale, Boddington's, was savoured, and a visit was paid to one of Blackpool's night clubs. Those not playing on the Tuesday, had spent the afternoon on Blackpool's Golden Mile, and had paid a florin to see what was advertised as " The Monster from the Bowels of the Earth!" This turned out to be a fossil: undaunted, they moved on to a burlesque show!

We were all very sorry to be leaving that next morning, for it had been a most enjoyable and very successful tour. The hotel still stands to this day. Our thanks go to Fylde R.F.C. for their wonderful hospitality and also to our Hon. Secretary for what turned out to be very efficient organisation.

J.D.

FYLDE v. GUY'S

Won 0—8

After this match the team should be itself again. It can forget Bromley—and also that slide in confidence which followed defeat in the Cup Final. Fylde are a good club. They have a dry ground, with beautiful turf, and they have learned to exploit it by playing fast, direct and effective Rugby. Two seasons ago they had the best record in the North. To beat them soundly, by a goal and a try to nil, was a fine effort.

Plainly, Guy's again have a well-balanced side, a pack that is solid in the tight and expert in the line-out, and backs fast in attack, steady in defence and encouraged by a match-winner on the right wing. To the fresh eye of a now distant, but permanently prejudiced supporter they showed only two relative weaknesses. As yet the forwards are not hunting fiercely together in the loose—as we understood that they did so well last year. With a match

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or two that will come. More serious, but equally remediable, is the rather dismal passing. How easy it was to see the way in which things must have begun to go wrong against The London. Passes were jerked or hurled instead of swung and placed. There was no margin for error. Far better to do it all more gently, particularly as the movement gets out towards the wings. To have time to see the ball and burst onto it is the essence of the clean break.

The heeling was quick and confident, with several hooks against the head, and there was a splendidly controlled service from Neville and Cockburn in the line-outs. Thus happily supplied, the new halves did pretty well, but Croft might still have swept the ball away a shade quicker. At full-back, W. Davies must learn to turn and recover the ball like lightning after it has gone past him. He should go easy on the slow-quick clever stuff or he'll have no friends left among the forwards.

The scores came in the first half. First, a sharp passing movement on the left, through Price and Ross, leading to a try by Cockburn. Later, another move from broken play sent the ball out to Novak. He was half tackled but broke clear and was instantly into full stride—to go down the touch-line and round behind in the style of an international wing. This try was converted by W. Davies.

It will be difficult to make up for the loss of Thorburn's skill and experience on the fringes of the scrum, and something will have to be done about the handling. But to judge by what we saw up here we should be reading some good news in the *Gazette* this winter.

Team: W. Davies, J. Ross, J. Price, R. Barough, J. Novak, D. Elliott, C. Croft, S. Challacombe, G. Hey, J. Davies, C. Neville, J. Cockburn, Peter Williams, R. Blackwood, C. Thorburn.

(We are grateful to Dr. I. McD. G. Stewart for sending us this report of the Fylde match).

PRESTON GRASSHOPPERS v. GUY'S HOSPITAL

Won 3—15

Following their victory over Fylde the previous evening, a much changed Guy's XV was eager to continue the Hospital's success on tour. From the kick-off it was evident that the stronger Preston pack would not be easily overcome. Indeed, Guy's began shakily with several dropped passes and conceded an early penalty goal. Fortunately for the team's morale, Davies equalised almost immediately, also from a penalty. Preston conceded several more penalties but Davies, unaccustomed to the long grass of the pitch, was unable to convert any. Preston's forwards staged several rushes but the Guy's defence held defiantly with Fallowfield's covering outstanding. Novak completed a three-quarter counter-attack to score an unconverted try in the corner, and Davies finished the first half with a second penalty.

Half-time: 9—3.

Straight from the restart a revitalised Guy's side began to throw the ball around, giving the three-quarters opportunities. The forwards rucked well in the loose and despite a persistent battering from the opposition's wing forwards, Merrett continued to give an excellent service from the base of the scrum. Neville and Burt jumped well in the line-outs and Hey shared the honours in the tight. The back row peeled well from the line-outs, Thorburn being unlucky with a long dribble, and Williams would have scored had he not sold a dummy to himself as well as the Preston full-back. Novak, despite aggravating a first-half shoulder injury, scored mid-way through the second half from the best move of the match. From a ruck the ball went blind to Ross on the wing, who, having beaten two men, linked up with the forwards and three-quarters for the ball to reach Novak, who crashed through four would-be tacklers to score wide out. Davies completed the scoring with another penalty. In the closing stages, Preston mounted several attacks but the superb team spirit, characteristic of tour, ensured a hard, but well-earned victory and a fitting conclusion to the tour.

Team:—W. Davies, J. Ross (capt.), J. Price, D. Elliot, J. Novak; A. Scourfield, D. Merrett; T. Addison, G. Hey; E. Neville; R. Burt; C. Neville; Paul Williams, C. W. Thorburn; A. Fallowfield.

R.D.B.

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HOSPITAL INFORMATION

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Robert Clemmy. The Warneford Hospital, Headington, Oxford.

Dr. and Mrs. M. J. Lindop, Flat G, 139, Marine Parade, Brighton, BN2 1DF.

Noel E. Malyon, B.D.S., L.D.S., and Violet M. Malyon, L.D.S., R.C.S., Suite 1212, The Colonnade, 131, Bloor St. West, Toronto 5, Ontario. Office: Suite 411, The Colonnade.

Dr. and Mrs. J. H. Williams, 28 Southbourne Crescent, Hendon, London, N.W.4.

David T. M. Smith, M.B.B.S., 4, South Hill Close, Amesbury, Wilts. Tel: Amesbury 3207.

CORRECTION

Miss J. L. Clemmey, S.R.N., S.C.M., 43, Queen's Drive, Liverpool, 18.

MARRIAGES

HARRIS—WHITING—On 21st September, 1968, at Chelmsford Essex, Mary Harris to Dudley Whiting.

LINDOP—BRACHEL—On 16th August 1968, at Ljan Kirke, Oslo, Michael Lindop to Kari Brachel.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage, and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)
Birth, Marriage, Death, and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1. 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2093

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Welcome to Guy's

Even Polonius doubted that his advice would be heeded by his son departing to University, and never has such good advice been given so eloquently. So we shall abstain from our planned exhortation to diligent labour and honest toil (most of you will anyway) and give instead a hearty welcome to those who have just arrived at Guy's.

If, however, there are those wanting advice, we can only suggest that they either read Polonius' or ask. It's a very friendly place, Guy's, and few will refuse to supply the required information.

The Rugby Club Dinner

It sems a sad state of affairs when the Rugby Club, having organised a special game and a Dinner to celebrate its 125th birthday, finds it difficult to sell sufficient tickets for either. The Rugby Club cannot be to blame, nor (at £5 5s. 0d. or £4 4s. 0d. a ticket) can Mr. Jenkins. That leaves only you, dear reader. It is not necessary to have been down to H.O.P. every Saturday for the last twelve years to be ranked among the supporters of Guy's Rugby (though those who have been are the leaders of the Clan) nor would it seem necessary to be over skilful at, over appreciative of or even terribly keen on the game in order to enjoy what promises to be an exceptional afternoon and evening's entertainment. It would be more than a pity if this event passed by with only a whimper instead of the fully justified roar.

Details on page 563.

The Wills Library

When all the shouting over the Rugby Anniversary has died down, Guy's will return to its more normal state as a centre of learning. There can be no doubt that the centre of any such institution (however Clinical) is its Library.

The Wills is often the subject of criticism about opening times and about the way that it is run, and the most frequently expressed criticism is that there is always a shortage of new copies of standard works and well-known books for use in the Library by both Students and Staff. However, all criticism fades in the face of the answers to it by the Librarian.

He tells a sad tale of disappearing books and of expensive replacements paid for out of a slender and restricted budget. He finds, and we agree with him, that the situation is quite incredible. Here we are in a community formed for the purpose of preparing people to enter into a responsible profession only to find that some are unable to keep their hands off the first textbook that they think might be of use to them. Not that all losses can be classed as acts of larceny. Most are probably the result of forgetfulness and carelessness. The result is just the same, the book is not there next time someone wants it and money that might have been used to extend the library has to be used to buy a much requested replacement—probably of a replacement of a replacement. . . .

There are two remedies for this particular aberration. The first is to introduce a sort of Martial Law in the Library, which would be unacceptable to both readers and Librarians alike, and the second is to make a capital outlay on a simple but effective electronic system of immediate detection of the unchecked exit of a book from the library which could be written off against the money saved by not buying replacements in, we are advised, between five to seven years.

The Pre-Clinical Branch

The Wills Library has left its room in the Nags Head Yard building and has moved its pre-Clinical Department into the Newcomen Street Extension of the Medical School. It is to be found in a spacious, sunny and carpeted room on the second floor of the building which is arrived at by turning left through the small doors to the left of the main entrance of the Medical School and winding round the ground floor passages before mounting the stairs. The Pre-Clinical Branch will be open week-days from 9.30 to 5.0 p.m. For the information of those newly arrived, it is only in this part of the library that you will be able to find, for reference or borrowing, those books concerned with the First and Second M.B. courses.

Guy's Tankard

There seems to have been singularly little interest shown in the letter published in our last edition from F. J. R. Scott-Moncrieff. He was offering for sale a silver tankard that he has in his possession which is contemporary with, and bears the arms of the Founder of our Hospital. He wished that Guy's should have first refusal of it before a New York firm purchased it and took it out of the country.

One letter we did received, and we are grateful for, suggests the setting up of a fund to purchase this rare piece of Guyania. The *Gazette* would be pleased to hear from, and to assist, anyone who would be prepared to get such a fund going and to negotiate with Mr. Scott-Moncrieff for the purchase of the tankard. Even in these materialistic days such a piece of Thomas Guy's domestic plate is not without great interest and intrinsic value to his Hospital.

GUY'S DIARY

Exhibitions in the Gordon Museum :—

October. "Haematemesis."
Equipment in Local Anaesthesia.
Pathology Quiz No. 1.

OCTOBER

15	Tu.	1.00	Clinical Lecture. Mr. BEARD. "Swellings in the Scrotum."
17	Th.	1.00	Clinical Lecture. Dr. HARDWICK. "Carcinoma of the Stomach."
18	F.	2.15	Combined Round. Dr. CAMERON (Pre-Clinical Classroom).
21	M.	1.00	Clinical Lecture. Dr. HELLEWELL. "Respiratory Failure."
22	Tu.	1.00	Clinical Lecture. Lord BROCK. "Basic Principles in Diagnosis as Illustrated by Thoracic Disease."
24	Th.	1.00	Clinical Lecture. Mr. LAWRIE. "Some Congenital Abnormalities of the Alimentary Tract."
25	F.	1.00	Clinical Lecture. Dr. KAUNTZE.
		2.15	Combined Round. Professor COHEN (Pre-Clinical Classroom).

CONSULTANT APPOINTMENTS IN THE GUY'S GROUP

Dr. T. J. H. Clark

Dr. Tim Clark has been appointed Consultant Physician to the Guy's Group of Hospitals with a special interest in chest diseases. At Guy's he will be responsible for administering the recently opened Starling Ward and the Respiratory Function Laboratory. He will also work at St. Olave's Hospital and the Southwark Chest Clinic.

Dr. Clark came to Guy's from Christ's Hospital. His Undergraduate career was punctuated by success in a B.Sc. in Physiology, the Laidlaw and Charles Forster Prizes, and a distinction in Medicine in the Final M.B. in 1961.

After a year of House jobs at Guy's (H. S. to Mr. Blackburn and H.P. to Dr. Mann and Dr. Kauntze), Dr. Clark worked for seven months as H.P. and Locum Medical Registrar at The Brompton Hospital and for a further six months at the Hammersmith, during which time he passed his M.R.C.P. Equipt with Membership he went to The National Hospital for Nervous Disorders as an A.H.P. before taking up a Fulbright Travelling Scholarship to work at Johns Hopkins Hospital in 1963-64, where he worked in the Department of Medicine and in the Respiratory Division.

On his return to this country, Dr. Clark worked as a Registrar in the Department of Medicine at the Hammersmith, where he continued the respiratory studies which were to form the basis of his M.D. thesis (1967). Since 1966 Dr. Clark has been back at Guy's working in both the Department of Medicine and of Physiology and also as Senior Registrar in the Respiratory Function Laboratory. Recently he has been assisting in the planning of the Intensive Care Ward for which he is now to assume responsibility.

Dr. R. K. Knight

Dr. Robert Knight has been appointed Consultant Physician to the Guy's Group of Hospitals.

After leaving St. Edward's School, Oxford, Dr. Knight came to Guy's, where he qualified M.B., B.S., in 1955. Following house appointments at Guy's, he went into the R.A.M.C. for his National Service and spent most of this time in Tripoli. On leaving the Army, he became house physician first at the Whittington Hospital, and then at the Brompton Hospital, where for the next three years he kept a part-time attachment as clinical assistant. In 1959, Dr. Knight joined the Department of Experimental Medicine at Guy's, where he worked on aspects of vascular disease and diabetes. During this time he gained the M.R.C.P. He was appointed Junior Medical Registrar in October, 1960, and Medical Registrar three months later.

In 1962 he was appointed Senior Medical Registrar at Guy's, and in October of that year went to the Johns Hopkins Hospital to work in the Departments of Medicine and Endocrinology. Concurrently he obtained a Commonwealth Fund Fellowship to examine medical education in the United States, and spent six weeks visiting twelve medical schools in various parts of America studying undergraduate teaching.

On his return to England, he went as Senior Registrar to the Bromley Group for a period of two years, returning to Guy's in October, 1965. In February, 1967, Dr. Knight succeeded Dr. Lessof as Clinical Tutor and Honorary Consultant Physician at New Cross Hospital. Since that time he has pursued his interest in undergraduate and postgraduate teaching, and has been conducting research into the aetiology of spontaneous pneumothorax.

BIOPHYSICS OF THE ARTERIAL SYSTEM

by

R. G. Gosling

Introduction

Before we can claim to be able to describe the behaviour of the arterial net we must be in a position to relate, one to another, any measurements which we may make in that net. A complete description would be possible if we were able to relate all observable parameters by the laws of continuum physics. However, at present, not only theoretical but also considerable experimental difficulties have to be overcome before such general equations can be written. The object of this article is to outline the general thinking governing the planning of experiments now being done here in the School, experiments which it is hoped will be capable of giving information on the principal mechanical parameters of the arterial system.

Characteristics of the Arterial Net

Seven broad physical distinctions can be made:

(i) The arterial system is a complicated, continuously branching net of distensible elastic vessels, each one of which tapers away from a single ventricular tract as common origin.

(ii) The vessel walls are viscoelastic, i.e. stress and strain are not in phase, and elasticity varies with distention, the modulus (stress/strain) increasing with strain. Further, since the walls contain smooth muscle in addition to collagen and elastin, vessels are able actively to alter their response to stress, i.e. change "tone".

(iii) Towards the periphery of the net the ratio h/R (h = wall thickness, R = radius of lumen) increases and vessels become less distensible.

(iv) The net is a pressurised system, e.g. the mean pressure in the systemic arteries of a "normal" human subject is around 100 mm.Hg.

(v) The flow of blood through the net is pulsatile, e.g. during systole the systemic arteries accommodate the stroke volume ejected from the left ventricle. This capacity change is effected largely through the radial distention of the vessels nearest the heart due to the increased pressure of the blood in the net as a whole.

(vi) The force pump action of the ventricle causes an elastic compression wave to be propagated through the arterial net, e.g. the maximum of the pressure pulse felt at the wrist does not occur simultaneously with the maximum pressure in the aortic arch but exhibits a time lag due to the finite velocity, c, of the compression wave, (In a long straight elastic tube, dynamic modulus E, with $h < R$, the value of c is given by $c = \sqrt{(Eh/2\rho R)}$ where ρ is the density of the fluid, assumed non-viscous.) Measured in the abdominal aorta, values of c around 800 cm.sec.$^{-1}$ have been found (Gabe 1964, Learoyd and Taylor 1966, Gessner and Bergel 1966).

(vii) The shape of the pressure/time and flow/time curves, for any given pulse frequency, are found to be dependent upon the point of observation in the net. This is illustrated in Fig. 1, which is taken from McDonald (1960). The amplitude of the pressure oscillation increases and a second maxima, the dicrotic wave, develops as the point of observation is moved towards the periphery of the net. Flow measurements at corresponding points show a decrease in amplitude and an increase of back-flow—omitting the very brief back-flow in the ascending aorta which in these measurements was thought to be due to reflux of blood through the aortic valve.

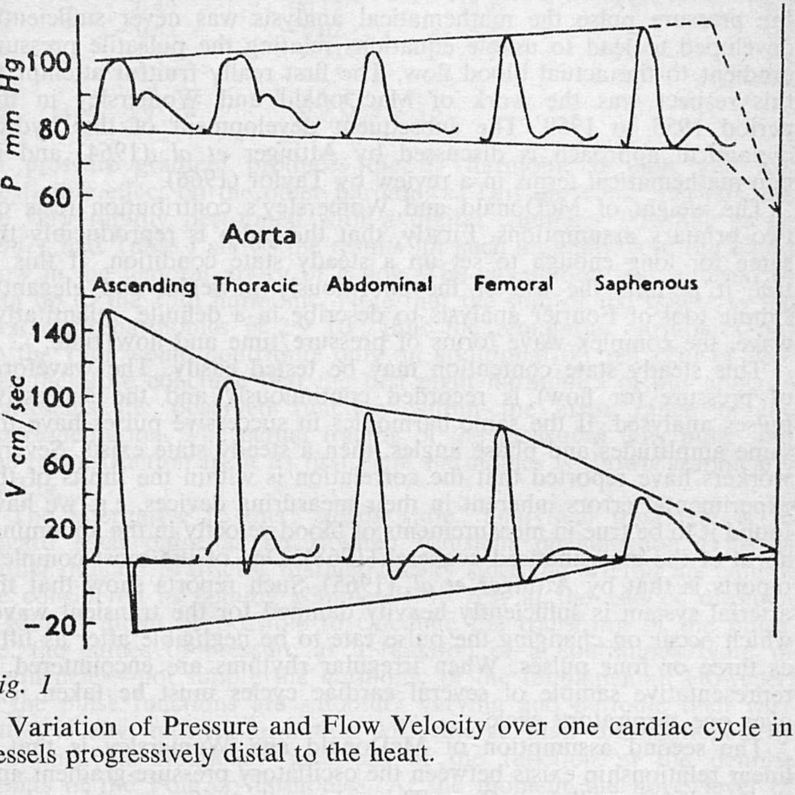


Fig. 1

Variation of Pressure and Flow Velocity over one cardiac cycle in vessels progressively distal to the heart.

Importance of Instantaneous Values of Pressure and Flow

It seems reasonable to say that (vii) above is the result of the other six factors. Therefore, if we can measure the pressure and flow simultaneously at various points in the net, without unduly disturbing the system, we can hope to deduce some information about the state of the system as a whole and certainly the state of the vessel wall in the various segments where measurements are taken.

To relate the time and spacially dependent parameters of flow and pressure to the other characteristics of the net, we may adopt the conceptual or the analytical approach, i.e. (a) construct a formal model of the net, or (b) apply an approximate mathematical analysis to the movements of the blood and vessel wall throughout the net.

The Analytical Approach

In our work it is (b) that we have followed. This is by no means a modern route. Thomas Young discussed the travel of waves in arteries in 1809. E. H. Weber described in 1850, experiments showing that the pressure pulse did not occur synchronously in all arteries and in 1878 Moens derived the formula for the pulse wave velocity, *c*, that is quoted above.

It would appear, however, that although successful in describing the pressure pulse the mathematical analysis was never sufficiently developed to lead to usable equations relating the pulsatile pressure gradient to the actual blood flow. The first really fruitful attempt in this respect was the work of MacDonald and Womersley in the period 1955 to 1959. The subsequent development of this hydrodynamical approach is discussed by Attinger *et al.* (1964) and in non-mathematical terms in a review by Taylor (1966).

The weight of McDonald and Womersley's contribution rests on two primary assumptions. Firstly, that the pulse is reproducibly the same for long enough to set up a steady state condition. If this is true it permits the use of the enormously powerful and elegantly simple tool of Fourier analysis to describe in a definite, quantitative wave, the complex wave forms of pressure/time and flow/time.

This steady state contention may be tested easily. The waveform of pressure (or flow) is recorded continuously and the successive pulses analysed. If the same harmonics in successive pulses have the same amplitudes and phase angles, then a steady state exists. Several workers have reported that the correlation is within the limits of the experimental errors inherent in their measuring devices, e.g. we have found it to be true in measurements of blood velocity in the abdominal aorta of the anaesthetised cockerel (1968). One of the most complete reports is that by Attinger *et al.* (1965). Such reports show that the arterial system is sufficiently heavily damped for the transient waves which occur on changing the pulse rate to be negligible after as little as three or four pulses. When irregular rhythms are encountered, a representative sample of several cardiac cycles must be taken, e.g. over one respiratory cycle.

The second assumption of McDonald and Womersley is that a linear relationship exists between the oscillatory pressure-gradient and the resulting oscillatory flow. This means that, if we analyse both pressure gradient and flow curves into their harmonics, then each harmonic of flow results *only* from the corresponding pressure gradient harmonic and there are *no* cross effects, i.e. the n^{th} harmonic

TABLE 1

Fourier analysis over one cardiac cycle of the blood flow in the femoral artery of a 16 kg. dog.

N.B. The value of the mean flow is given by $M_r/2$ for $r = 0$, i.e. Mean Flow = 24.7 ml.min.$^{-1}$.

R	A_R	B_R	θ_r, Phase in degrees	M_r, Modulus of Harmonic ml. min.$^{-1}$	M_r^2, Relative Oscillatory Energy of Harmonic
0	49.0	0.00	0.00		
1	17.25	14.20	39.5	22.3	497.3
2	7.64	28.40	75.0	29.4	864.4
3	−35.50	7.90	−12.6	36.9	1362.1
4	−7.13	−10.30	55.4	12.5	156.3
5	0.68	−6.80	−84.3	6.9	47.6
6	0.74	−3.03	−76.4	3.2	10.2
7	1.06	−1.39	−53.0	1.8	3.2
8	2.45	−0.10	−2.4	2.5	6.3
9	0.63	0.91	55.3	1.1	1.2
10	−0.39	0.14	−19.4	0.4	0.2
11	−0.17	0.65	−75.8	0.7	0.5
12	0.49	0.12	13.4	0.5	0.3
13	−0.83	−0.02	1.4	0.8	0.6
14	−0.04	0.38	−83.9	0.4	0.2
15	−0.18	−0.15	38.7	0.2	0.0

$\sum_{R=1}^{R=8} M_R^2 = 2.9\ 10^3$ $\qquad$ $\sum_{R=9}^{R=15} M_R^2 = 3.2$

of pressure gradient produces the n^{th} harmonic of flow and has negligible effect on the other harmonics. This harmonic analysis can be very rapidly performed with a digital computer (Gosling *et al.* 1967), and Table 1 shows the results for such an analysis of the blood flow in the femoral artery of a dog. The calculation was allowed to run up to the 15th harmonic. Note that the sum of the Power in the first eight harmonics is 2·9 10^3; thus the remaining harmonics out to the 15th would contribute only an additional 0·1 per cent of this. We therefore conclude that the first eight harmonics of our analysis represents the observed function within the error range of the instrumentation. The actual tracing of the measured flow pulse and the reconstruction from its first eight harmonics is shown graphically in Fig. 2.

The alternative to this "steady state" analytical treatment is to regard each pulse as an isolated transient phenomenon. This is rather difficult to discuss mathematically since the arterial net cannot be considered as coming completely to rest at the end of diastole. Again, it might be possible to calculate the transform of the pulse, i.e. the values of pressure as a function of a continuous band of frequencies—not simply the harmonic of the fundamental. However, if the pulse functions are smoothly varying and periodic then very little, if any, more information will emerge than that obtained by sampling the frequency spectrum of the function at the definite points of the Fourier harmonics. At the moment the noise level of our measuring instruments obscures very fine detail, so presenting us perforce with fairly smooth functions. It is therefore our contention that simple Fourier series analysis will provide the most straightforward and fruitful analytical approach.

The General Relationship of Pressure to Flow and the Concept of Impedance

It is important to state that when liquid flows through a tube it is not the pressure which determines the rate of flow in any segment, but the pressure gradient across the segment. Indeed it is possible to have fluctuations of pressure but no flow, e.g. in an elastic tube with a completely occluded end it is possible to obtain very high pressure swings but zero net flow. It is therefore necessary to look first for the relationship between pressure and pressure gradient.

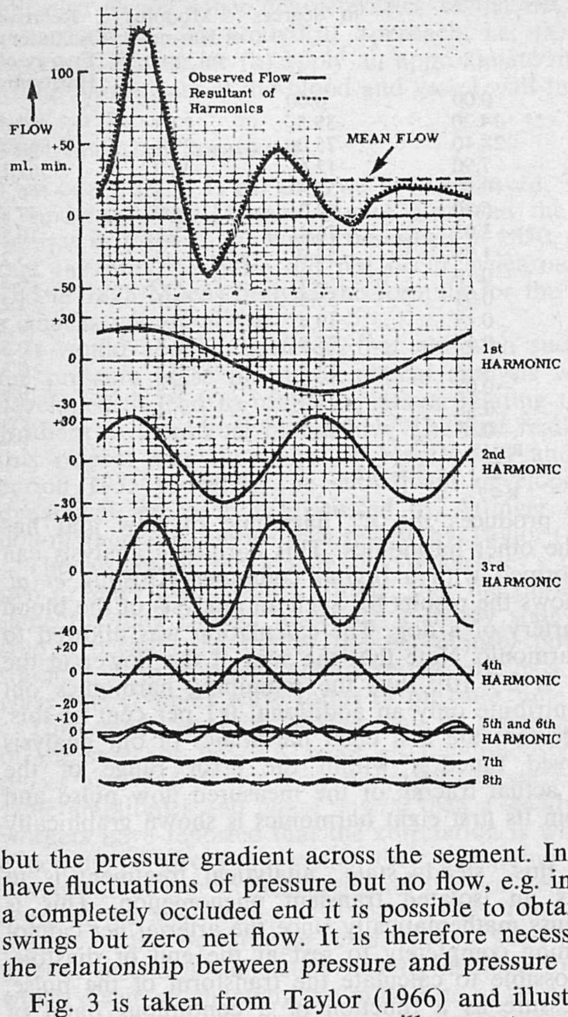


Fig. 2. Comparison of Observed and Computed Flow/Times curves, over one cardiac cycle, for the femoral artery of a dog. The Computed curve is the sum of the first 8 Harmonic terms in the Fourier series for the Observed curve.

Fig. 3 is taken from Taylor (1966) and illustrates how a pressure wave travelling along an artery will generate a pressure gradient and hence flow between two neighbouring points. Time is abscissa and taken over one cardiac cycle. In the top of the figure the full line shows the pressure/time curve observed at the upstream point and the broken line that found simultaneously at the downstream point. Due to the finite velocity of propagation of the pressure wave there is a time lag between these two pressure functions so that when displayed on the same time axis the traces are separated as shown. Whenever the two traces cross, then at that instant in the cycle there will be zero pressure gradient between the two points of observation. Before and after this instant the pressure gradient will be in the opposite sense. By laying a ruler on the figure parallel to the ordinate axis it may be seen that the zero points in the pressure

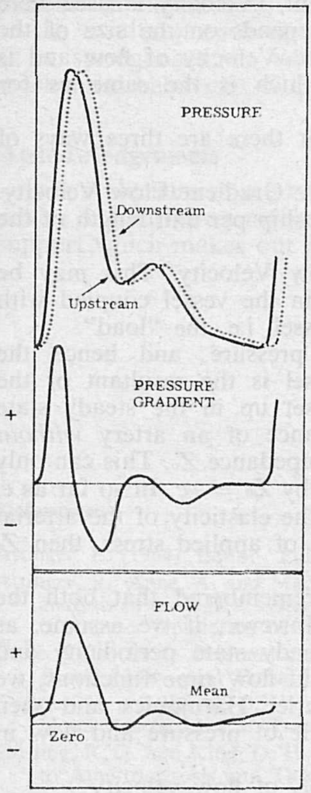


Fig. 3. The generation of a pressure-gradient by a travelling pressure wave and the oscillatory flow which it causes in the femoral artery of a dog.

gradient curve correspond to the four points of intersection of the pressure traces and that between these points the pressure gradient varies positively and negatively by the amounts shown in the middle curve of the figure (+ gradient is downstream).

The flow resulting from this oscillatory pressure gradient is shown in the lowest trace of Fig. 3. Here it should be noted that the negative pressure gradient is sufficient to decelerate the fast forward flow of systole to the extent that the flow is actually reversed for a short time in the diastolic part of the cycle. Furhermore, since the flow lags behind the pressure gradient, but the pressure-gradient wave leads the pressure wave, flow almost comes into step with pressure. Hence the tendency, erroneously, of early workers to attempt to relate pressure and flow directly.

The straight line shows the average value of the flow taken over the whole cycle. This mean value is always positive in the arterial system, and the ratio of Mean Pressure/Mean Flow is known as the Vascular Resistance. If we now wish to describe quantitatively the relationship between the oscillatory components of the pressure and flow we must employ another term. By analogy with electrical circuitry it is useful to equate pressure and/or pressure-gradient to voltage and the velocity of flow to current. (Velocity is used here instead of volume flow since the latter depends on the size of the vessel.) Thus Fluid Impedance = Pressure/Velocity of flow and is expressed in units of dynes sec.cm.$^{-3}$ which is the same as for acoustic impedance (density x velocity).

MacDonald (1964) has pointed out that there are three ways of expressing the impedance of pusatile flow:

(a) Longitudinal Impedance, Z_L = Pressure Gradient/Flow Velocity. This represents the pressure-flow relationship per unit length of the vessel in which it is measured.

(b) Input Impedance, Z = Pressure/Flow Velocity. This may be regarded as an expression of the flow in the vessel coupled with the nature of the termination of the vessel, i.e. the "load".

(c) Characteristic Impedance, Z_0. The pressure, and hence the pressure-gradient, observed in any vessel is the resultant of the forward and reflected pressure waves set up in the steady state oscillations of the system. The impedance of an artery *without* reflections is termed the characteristic impedance Z_0. This can only be obtained by calculation and is given by $Z_0 = \rho c$. In so far as c, the pressure wave velocity, varies with the elasticity of the arterial wall, which itself varies with frequency of applied stress, then Z_0 varies with frequency.

In calculating Z_L and Z it must be remembered that both the pressure and flow are complex waves. However, if we assume, as McDonald and Womersley did, (i) a steady state periodicity and (ii) linearity between the pressure/time and flow/time functions, we may analyse each function into its Fourier Harmonics and then determine the impedance of each harmonic of pressure and flow in terms of

Modulus $Z_r = M_r$ of Pressure/M_r of flow velocity
and phase angle $\theta_{rz} = \theta_{r\ \text{Pressure}} - \theta_{r\ \text{Velocity}}$
(A negative phase angle of impedance would mean that the flow was leading the pressure for that harmonic.)

Conclusion

By direct measurement and Fourier analysis of Pressure and Flow Velocity it is possible to calculate the input impedance at any point in the arterial net. As more data are collected it may well be that "normal" values of impedance will become recognisable and this term may become important clinically, e.g. to the surgeons in such situations as heart by-pass work, where it may prove necessary to match the output impedance of the heart-lung machine to the input impedance of the patient's systematic arteries; to the physician, where arteriosclerosis and atherosclerosis cause changes in the structure of the wall and the vessel lumen, hence changes in the characteristic impedance of the net.

In general it may be said that there are essentially two ways in which the exploration of this basic biophysical problem is leading us. Firstly, the immediate clinical application through the development of ultra-sound and electromagnetic cuff-type and catheter type *probes for pressure and flow measurements, hence impedance* patterns in experimental animals and human subjects. Secondly, use of the results of such measurements via the basic analytical theory as a springboard to advance our understanding of the general mechanical behaviour of the arterial system.

Acknowledgements

It is a pleasure to record thanks to Professor C. B. Allsopp for his advice and encouragement and to the Wellcome Trust for the financial support which makes our work possible.

References

Attinger, E. (1964). Editor "Pulsatile Blood Flow" McGraw-Hill, New York.

Attinger, E., Anne, A. and MacDonald, D. (1965). "Use of Fourier series for the analysis of biological systems" circulated by Information Exchange Group 3. (Computer Simulation of Biological Systems).

Gabe, I. T. (1964). Personal communication discussed at symposium on Pulsatile Blood Flow—see "Pulsatile Blood Flow" Attinger.

Gessner, U. and Bergel, D. H. (1966), Methods of determining the distensibility of blood vessels. I.E.E.E. Trans. Bio.-Med. Eng. BME-13, 1, pp. 2-10

Gosling, R. G. and King, D. H. (1967). "Pulsatile Flow in Arteries" with reference to Atherosclerosis and Thrombosis. Scientific Report to the Wellcome Trust. 1, Jan-Dec 1966.

Gosling, R. G. and King, D. H. (1968). As above, Report 2, Jan. 1967—March, 1968.

Learoyd, B. M. and Taylor, M. G. (1966). Alterations with age in the viscoelastic properties of human arterial walls. Circ. Res., *18*, 278-292.

McDonald, D. A. (1960). "Blood Flow in Arteries" Edward Arnold, London.

McDonald, D. A. (1964). "Frequency Dependence of Vascular Impedance" Ch. 6 "Pulsatile Blood Flow", *see* Attinger.

Moens, A. I. (1878). "Die Pulskurve" Leiden.

Taylor, M. G. (1966). An introduction to some recent developments in arterial haemodynamics. Australasian Annals of Medicine, *15*, 71-85.

Weber, E. H. (1850). Uber die Anwendung der Wellenlehre auf Lehre vom Kreislaufe des Blutes and Insbesondere auf die Pulslehre. Ber. Verh. K. sachs. Ges. d. Wiss, 4, 164

Womersley, J. R. (1958) The mathematical analysis of the arterial circulation in a state of oscillatory motion. Wright Air Development Center, Technical Report WADC-TR56-614.

Young, T. (1809). The Croonian Lecture "On the Functions of the Heart and Arteries" Phil. Trans. 1.

NOTICES

Guy's Hospital Rugby Football Club

The response to previous invitations to the 125th Anniversary Rugby Match and Dinner has been somewhat disappointing. We, therefore, would like to remind readers of this unique occasion.

The match will be played on the afternoon of Wednesday, October 30th, at Honor Oak Park, starting at 3.0 p.m. Guy's will be playing a team of current Internationals from the Home Counties selected by Dr. Windsor Lewis. The team will be announced as soon as it is available. There will be extensive facilities for refreshment.

After the match a Dinner is being held at the Grosvenor House Hotel, Park Lane, at 7.30 for 8.0 p.m. Tickets may be obtained from Dr. G. M. Preston, Department of Physiology at Guy's, or from any Officers of the Club, price £5 5s. 0d. (qualified men) and £4 4s. 0d. (Students). These are inclusive of wines, liqueurs, and cigars. This will be a most enjoyable way to celebrate this very special Anniversary.

This invitation is extended to all Guy's Men, past and present.

Theatre Club

The Annual General Meeting of the Guy's Hospital Theatre Club will be held on Thursday, October 17th, in the North Common Room of the East Wing at 5.30 p.m. Agenda : to be announced; refreshments: provided; welcome : all.

R. Cowan, Hon. Secretary.

Outlook : Guy's Hospital Sociological Society

There will be a meeting of last year's committee in the East Wing on Tuesday, October 15th, at 6.45 p.m. This will be followed by informal discussion in the Students' bar at about 8.0 p.m.

The Medical School Christian Discussion Group

We wish to inform all members of the Guy's community that a Christian discussion group meets each week in classroom 1A in the Medical School. The spectrum of membership is already wide, we would like it to become wider; doctors, secretaries, technicians, administrative and domestic staff lecturers and students—all are very welcome, whether persuaded of Christianity or not.

Our grogramme for this term is :—

Wednesdays

Oct. 16.—Mr. Hill, Librarian, Guy's : "The Lord's Prayer."
Oct. 30.—Rev. T. Field, Bus Inspector : "My View of Miracles."
Nov. 13.—A speaker from the Ministry of Health Christian Fellowship.
Nov. 27.—Mr. E. Chubb, London City Missionary: "Sending Missionaries to London."
Dec. 11.—Rev. F. Poad, Lambeth Mission: "A Need—Right Here."

On alternate weeks there will be a Bible Study using St. Mark's Gospel as a vehicle for discussion.

The main meetings are from 1.0—1.45 p.m., with coffee served from 12.45 p.m., and facilities for eating a sandwich unch. Discussion meetings are from 1.0—1.45 p.m.

M. J. Graveney, Hon. Secretary.

NURSING SECTION

Nurses Prize Giving

A great man with greatness for his theme. On Tuesday, 2nd October, Sir Barnes Wallis, C.B.E., F.R.S., D.Sc., presented prizes at the Nurses' Prize-giving held in the Physiology Theatre.

The proceedings were chaired with spontaneity by Lord Robens, who introduced Matron's Report on the year at Guy's, and welcomed Miss Titley back to the hospital on our behalf. This was followed by a report on progress in the School of Nursing by Sister Brysson White, Principal Nurse Tutor. In it she highlighted the difficulties to which all the Tutors had been subjected during the renovation of the School, and illustrated the talk in her characteristically witty manner.

Lord Robens then introduced Sister V. M. Taylor, Deputy Night Superintendent, who clarified to those present the role of the night nurse. This was interesting both to visitors—in that it gave them a general idea of the night nurses' work, and to members of the profession present who were helped to appreciate the volume of work undertaken by Sister Rix and her deputy, and the debt which we owe them for the maintained smooth running of the hospital at night. Following this, Lord Robens called upon Sir Barnes Wallis to present the prizes and medals, the presentation of the latter posing no small problem to a man, having to pin them to the uniform of the recipients.

The presentation completed, Sir Barnes was asked if he would say a few words, and this he did in a pleasantly informal manner. In fact he gave us his thoughts as they occurred on a variety of subjects. This man, whose own personal history illustrates the best traditions of those who have served England, must surely have made one of the greater technicological contributions known in the history of this country. Since 1913 the list of his contributions to the success of his company, Vickers Ltd., reads like a summary of the history of aviation from that date. He was chief designed of the airship R100, and after the era of airships, continuing his role of chief designed to Vickers, he was responsible for the Wellesley and Wellington aircraft of the immediate pre-war and early war years. His most famous achievement during the war was the development of the "Dam Buster" mine and following on this the "earthquake" bombs which were so successful in the destruction of bridges, dams, V2 emplacements and U-boat pens, and also of the battleship Tirpitz.

After the war his thoughts turned to the problems of variable geometry aircraft, and this idea, with which he has been largely occupied since that time, although unused to this date by the British Aircraft industry, is being incorporated in the American Supersonic Airliner being developed to rival the Concorde, and has also been used in the F111. Much of his work has had to be forcibly brought to the Government's notice. The creator of these ideas having sought and received a minimum of reward. His knighthood was only granted this year—it being typical of the man himself that he never required public recognition—the financial reward in the region of £10,000 granted to him at the end of the last war he donated to the fund established for the education of those children whose fathers had been lost in raids using his bombs.

This great man spoke chiefly of the greatness of Britain in the past, comparing the greatness of our country with the greatness of Guy's, decrying the current depression in the affairs of Britain and showing how we can contribute to a resurrection of the glory of this kingdom to the service of which he has given his life.

List of Prize-winners.

Cazenove Gold Medal : Mrs. P. Clegg (née Eynon).
Cavenove Silver Medal : Miss Patricia Kemp.
Cazenove Bronze Medal : Miss Claudette Moss.
The Jean Morton Award : Miss Patricia Middleton.
The Emily MacManus Prize : Miss Jennifer Boulter.
The Sarah Mills Award : Miss Kathleen Rusby.

Butterworth Medals awarded for long service.

Miss Patricia Johnson, Mis Rachel Pritchard, Miss Gillian Loveless, Mrs. Ruth Sullman.

Guy's Hospital School of Nursing.

Miss A. Allison, MissM. Benjamin, Miss H. Blows, Miss J. Boneter, Miss G. Bracegirdle, Mrs. C. Clegg, Miss J. Cockbill, Miss S. Gadon, Miss J. Gunies, Miss P. Grenhang, Miss M. Guilding, Miss A. Hebblethwaite, Miss E. Howard, Miss K. Jude, Miss P. Kewp, Miss A. Langley, Miss M. Leighton, Miss P. Middleton, Miss C. Moss Miss S. Parker, Miss C. Ryman, Miss E. Salmon, Miss P. Walker, Miss R. Wall, Mrs. E. Wilkinson.

Evelina Children's Hospital of Guy's Hospital School of Nursing.

Miss S. Brid, Mrs. S. Chandler, Mrs. E. Smith

BOOK REVIEWS

CLINICAL VIROLOGY

by R. H. A. Swain and T. C. Dodds, E. and S. Livingstone, Ltd., Edinburgh and London, 1967. 75/-.

I am not ashamed to have taken a long time to read and review this excellent book. In fact, I have read it twice and consulted it frequently since it was sent to me, and am very impressed with it both as an introduction to medical Virology and as a book of reference in a diagnostic laboratory. It is copiously illustrated with photographs in colour, some of them unfortunately of poor quality, and in black and white, and with line drawings. All aspects of viral infections as seen in this country are covered, and most chapters have a list of seminal references to the literature for further reading. I recommend the book to senior students and to clinicians interested in the basic information about viral infections. For medical microbiologists undertaking viral diagnosis it is a "must".

W.H.H.M.

THE MANAGEMENT AND NURSING OF BURNS

This very practical and comprehensive book will be welcomed by all seeking more information in this field. Although primarily written for nurses their medical colleagues will also find this book helpful and informative covering as it does all aspects of medical and nursing care.

Written by the Surgeon and Sister in Charge of a Modern Burns Unit it emphasises the importance of teamwork in nursing these patients and also of treating and understanding all physical and psychological aspects involved.

The details of treating the burned area itself have always been a matter of controversy although most agree in principle. Consequently some authorities may not entirely concur with the techniques described in this chapter. Each Unit develops its own techniques and those described here are very successful in the particular Unit run by the authors.

The text of the book is well planned, the chapters follow each other in logical sequence. Headings are clear, concise and eye-catching, making this a good reference book. The diagrams are clear and in most cases self-explanatory.

Altogether this is a very readable and constructive book well worth its modest price.

M. J. Ballamy

CORRESPONDENCE

Hume Kendall Trust

SIR,—I am glad to report a good initial response to this appeal. To date, £2,500 has been donated and 75 subscribers have promised an annual donation for up to 7 years, amounting to £695, which, with income tax recoverable, will provide an annual income of approximately £1,200.

Apologies are due to subscribers who wrote letters in that they received only an official acknowledgment, but to answer them would have needed extra secretarial help and increased the expenses of administration, which we wish to keep to the bare minimum. It was encouraging that so many did write to say that they approved of the idea of a trust which might outlive the recent crisis which had prompted it. They were glad to know that, although their immediate wish was to deal with the needs of Patrick Hume Kendall's family, they could give generously knowing that if there was money to spare, it would be used for similar tragedies if they occurred in other Guy's families.

That there is a need for a permanent trust fund was well illustrated by a fact which only appeared as a result of this appeal. It was necessary to find from the two volumes of the Medical Directory—a task which made the knowledge that a new Guy's Directory is a pleasant, imminent, prospect—the present address of some 300 of Pat's contemporaries. About 30 were still not accounted for, but this, of course, was no problem to Mr. Wallis of the Medical School Office (whose help with this appeal has been invaluable), who was able to account for these from memory. Some had given up their professional career, some had changed names, some had gone so far that there was no point in chasing them, *but* there were ten who had died. Some of these families might well have turned to Guy's in their difficulties if it had been known that some standing trust fund was in existence.

We are in the process in drawing up the composition, terms, and conditions of a trust in order to approach the Charity Commissioners. We are now in a stronger position to do this owing to the prompt and wide response to the initial appeal. It is known that there are some who have waited until they had more knowledge of the form and scope of the appeal, and we hope that we shall soon be able to give them this information.

Yours, etc.,

CHARLES BAKER.

Warden's House,
Guy's Hospital,
7th October, 1968.

Guy's Tankard

SIR,—This George II silver drinking mug, bearing the arms of Thomas Guy, and advertised for sale by your correspondent, Dr. F. J. R. Scott-Moncreiff, must be purchased for the Hospital, if only to save it from a fate worse than death by sale to America. Should a suitable fund be instituted for its purchase, then I, for one, and no doubt many others, would be more than pleased to contribute.

Yours, etc.,

KEITH ROBSON.

The Keys,
Herstmonceux, Sussex.

Nurses and their Uniforms—and more

SIR,—May I apologise for my tardy reply to your correspondent in the Arabian Gulf? Unlike her, I cannot blame the sea-mail service, nor even the vagaries of the two-tiered post we are now offered, but possibly absence from the hospital, on my honeymoon, is sufficient excuse!

Maybe this puts me in a better position to assess feminine apparel, or *should I assess it from, say, a " Cardinesque" angle? I can see no logical* objection to the adoption of a national uniform : district nurses have possessed one for years. Whether the design already shown is accepted, is still a matter for decision—by higher beings than Mr. Cobell. I have no specialised knowledge about nurses' uniforms, but I do wish that correspondents replying to my articles in the *Gazette* would remember that there is always room for a point of view from outsiders, and sometimes . . . even a man's opinion. It is difficult to imagine that an intelligent person can take a serious view of certain remarks that are so obviously humorous in content; doubtless the heat of the Arabian Gulf has some side effects. I am also prepared to believe that climatic influences can affect the choice of uniform.

However, I reject and find obnoxious, the insinuation that my article suggested nurses were no longer intended to serve sick people. I would advise your correspondent to re-read my article "Our Compassion", to which she cryptically refers. She will discover I am describing "service", while pinpointing the dilemma the modern young person finds themselves up against, when ideals confront the materialism of the outside world.

I am sorry to see Sister Florence has again inveighed against me in her support for this particular criticism of my article. Since no one has answered the question below the photograph on p. 379 of July 6th issue of the *Gazette,* may I say "Yes" in 1968!

Sister Florence is quite correct in asserting (*Gazette,* September 28th) that trained nurses and student nurses are two distinct categories, as far as financial consideration goes. But if student nurses did not receive their " costly training", the hospital's expenditure on more trained staff, or even nursing auxiliaries and cleaners, would rise steeply. So long as students do the bulk of the ward work, they are entitled to demand a reasonable pecuniary reward. I, too, was tremendously cheered up, but, by "Back to Sarah Gamp". Thank you, Staff Nurse Budd!

Yours, etc.,

D. COBELL.

Guy's Hospital,
London, S.E.1.

God and the Contraceptive

SIR,—With reference to the statement that " . . . it is not within the right of any man to frustrate or control the gift of life, a right which belongs *only to God", it seems strange that anyone, Christian or not, should propound* the doctrine that God was omnipotent until the invention of the contraceptive.

Yours, etc.,

LESLIE J. GODDEN.

Flat Four, 2, Berkeley Place,
Tunbridge Wells, Kent.

As a Matter of Fact

SIR,—In your issue of 14th September, an article in the Nursing Section, " Back to Sarah Gamp ?", contains the arresting statement that " To-day . . . most girls marry at the age of 20 ".

In the Registrar General's report for 1966, the latest available to me, the number of girls marrying *at* the age of 20 was 49,182 out of a total of some 385,000 married in that year.

It is thus clear that most girls do not marry at the age of 20.

In fact, in that year, 55,005 girls married at the age of 19, and 50,963 girls married at 21, so that it is not true to say that more girls marry at 20 than at any other age.

Nor is it true that most girls were married *by* the age of 20, which was a figure of 160,691 out of some 385,000.

But most girls of those marrying in that year, 211,654 were married by the age of 21.

Yours, etc.,
IAN MACKENZIE,
Physician for Nervous Diseases.

Guy's Hospital,
London, S.E.1.

A Tribute :
Miss K. M. Rusby

On Wednesday, 14th August, 1968 many friends including a large number of past and present staff of the Radiotherapy Department gathered at a party given by The Superintendent Dr. Helliwell, to wish Sister K. M. Rusby a long and happy retirement after thirty years at Guy's.

Miss Rusby graduated as an M.A. at Oxford and then trained as a nurse at St. Thomas' Hospital before becoming a student radiographer at Guy's. She obtained her membership of the Society of Radiographers in 1938 and the fellowship in 1949. During the war she worked at the Wildernesse and at Pembury Hospital both in the X-ray and Radiotherapy Departments. She returned to Guy's in 1946 to re-open, as Sister-in-Charge, the Radiotherapy Department which had been destroyed by bombing. The Department was then on the top floor of Hunts House and was comparatively small both in equipment and number of staff. The work of the Department steadily expanded until it was moved to its present accommodation in the basement of New Guy's House where there is a far greater range of equipment and consequently a larger number of staff and student radiographers.

Miss Rusby was very much involved in the preparation and organisation of this move, and the extra administration that the running of a larger department involves. She has also given lectures to the student nurses, the student radiographers and has latterly been an examiner for the Society of Radiographers.

Sister Rusby commanded both awe and respect and yet was never overpowering. She inspired confidence in the patients, a most vital asset in a Radiotherapy Department; she was an understanding and sympathetic teacher to the students and a friend to the staff.

We shall remember her as a kindly, almost maternal person, who although she might take weeks over the statistics, a job she despised, was always ready to take a keen interest in her "girls". We think is is not so much the material things she will be remembered by as her personal qualities.

J. B. & J.G.

SPORT

RUGBY

The 1st XV are now settling down into a well-knit team, which is enjoying its rugby. Old Askeans were beaten in a ragged game (we expect an account soon from our ace-reporter when he gets round to finding it). While last Saturday the whole team played delightfully to defeat a good U.S. Portsmouth side.

Seven of the side are playing County rugby at present. John Price, Mike Cockburn, Chris Neville, Graham Hey and John Davies are in the Kent team. John Ross (who has been appointed Vice-Captain of the Guy's 1st team), is playing for Middlesex, and John Novak has transferred his allegiance to Surrey from Sussex Many congratulations to them all, and we wish them all much success.

GUY'S v. BLACKHEATH

At Blackheath, September 21st, 1968.
Result: Guy's 5, Blackheath 19.

The Guy's team, after much enthusiastic pre-season training and a morale-boosting Northern tour, went into this game at the Rectory Field with high hopes of the win which eluded them last year. This hope was shared by an enthusiastic and vociferous band of Guy's supporters at the ground. All appeared to be going well until the second half when the Guy's team seemed to run out of spirit and steam. Blackheath, with the pressure off them, eagerly took all the chances that came their way and came out winners by 19 points to 5.

Guy's played with a strong wind behind their backs in the first half, and early on were awarded a penalty close to the posts which Davies failed to kick. The pack played with a great deal of fire, in particular the back-row of Fallowfield, Blackwood and Williams. They were well supported by the good kicking of Elliott at outside-half and by Ross on the wing, who made a couple of his well-known surging runs. The Blackheath three-quarters looked dangerous when they had the ball but at this stage their pack had little of the loose ball. Guy's scored the first try when Blackwood dived over in the corner after enthusiastic following-up by Williams. Davies kicked a fine conversion from the touchline.

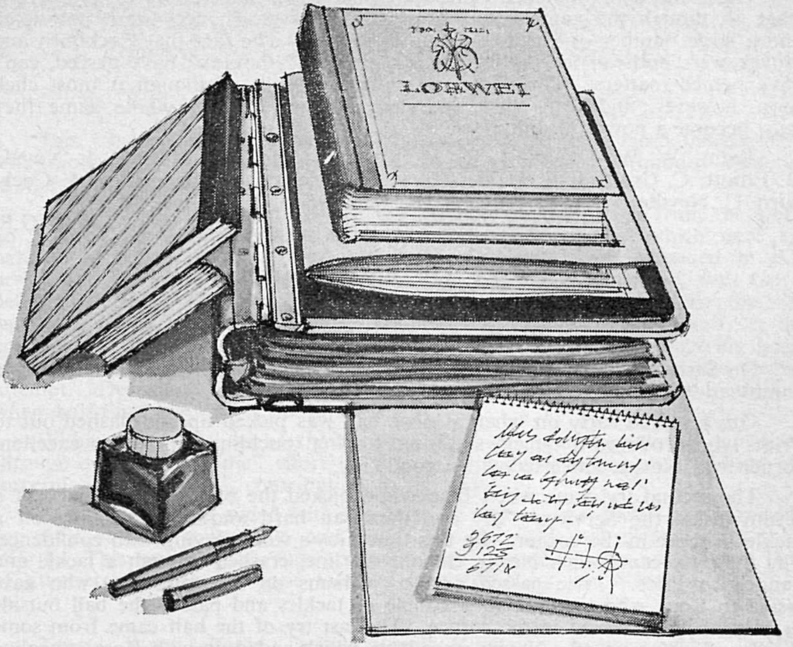
Blackheath immediately came back into the game and started winning more loose balls. At this stage Elliott sustained a bad cut to his lip after a somewhat dubious tackle and had to leave the field until half-time. Blackheath seized this opportunity well and a good loose heel with quick passing led to Bulpitt scoring a try in the corner, despite two last-ditch tackles by Guy's defenders. The conversion failed but a few minutes later Jorden kicked a good penalty to make the score at half-time 6—5.

Blackheath scored a try in the first few minutes of the second half when their scrum-half broke from a scrum near the line and finding virtually no defence almost fell over the line with shock. Jorden converted this with a fine kick. He provided much support for his team in this half with long touch finders and supporting kicks. Guy's seemed to go to pieces after this with the three-quarters being disorganised as Davies had moved to outside-half and Elliott at his usual position of full-back.

The Guy's line was saved many times by the Blackheath front row who had a large number of penalties given against them in this half.

Blackheath scored another try in the corner and Guy's conceded another penalty a few minutes later when they were penalised for not releasing the ball, close to their line. The penalty was converted.

All seemed lost at this stage but the Guy's team pulled itself together and began to follow the example of Ross, who was tackling his opposition with gay abandon. Indeed, towards the end, Novak made a fine run after the initial break by Elliott. This ended near the Blackheath line and eventually they conceded a penalty close to the posts which Davies failed to kick. Towards the end Blackheath scored another try which was easily converted.



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Thus, Guy's pre-match dreams were shattered. It certainly looked at one stage as though the game could be won. However, chances were not taken and a large number of kickable penalties missed. The fact that Cockburn and Novak were both on the injured list and probably shouldn't have played, can't have helped matters. This Guy's combination looks as though it must click soon, however, and with spirit and determination for the whole game they must become a powerful unit.

Team: W. W. Davies, J. R. M. Ross, R. Barough, J. Price, J. Novak, D. Elliott, C. Croft, J. E. Davies (Capt.), G. Hey, S. Challacombe, M. Cockburn, C. Neville, P. A. L. Williams, R. Blackwood, A. Fallowfield.

C.G.R.

GUY'S v. U.S. PORTSMOUTH

H.O.P., Saturday, October 5th, 1968.

Result: Won 25—3.

On Saturday, Guy's beat U.S. Portsmouth in a convincing manner with a combination of superior speed, fitness and rugby skills.

Guy's scored early on when a loose ball was picked up and flashed out to Price, who produced a typical shuffling, jinking touchline run for an excellent corner try. Novak converted with a good kick.

The second try came when Blackwood picked the ball from the back of a scrum inside the Services' "25" and then ran hard and fast, brushing off a tackle to score in the corner. By this time Guy's were playing with confidence. The third try came when Novak entered the line, crashed through a tackle and handed to Price. Price passed out to Williams on the touchline, who gave inside to Ross, who brushed off a couple of tackles and passed the ball outside to Morgan, who scored in the corner. The last try of the half came from some excellent backing up of a Novak cross kick, which ended up with Ross struggling his way over the line.

Soon after the beginning of the second half the Services left-winger dropped the ball on his own 10yd. line, Novak immediately swooped in to kick through and score. Then came the best try of the game. Novak came inside his man and passed to Williams. Ross, backing up intelligently, received the ball and sprinted 40 yards for a try. Croft converted.

The final score came when Price scooped up the ball after Ross had been tackled in the centre. He transferred the ball to Novak who trundled over for a try.

At the end of the game Guy's produced another dangerous move. Hey received from a kick-off and sped past the Services' pack. Davies, who was miraculously in support, had a man to beat. Had he produced his famous dummy it would have been a fine ending to this match. However, to the crowd's disappointment he was up-ended. The Services' only score was a first-half penalty, making the final score 25—3.

The Guy's pack excelled themselves in all phases of play apart from some of the rucks, although Cockburn figured well in these. C. Neville played one of his best games for Guy's, peeling around the back of the line-out very well.

The back row were much in prominence with Williams backing up well in attack and Curzon and Blackwood completely reliable in defence. The backline was very impressive; the half-backs worked well together, and the other members ran and passed intelligently.

Swift, coming out of retirement, also ran—occasionally. In all, Guy's gave a very entertaining, efficient performance. Let us hope that this pattern will continue for the rest of the season, but where, oh where are the place-kickers?

Guy's: P. Swift, J. Novak, J. Price, J. Ross, I. Morgan, R. Barough, C. Croft, J. Davies, G. Hey, E. Neville, C. Neville, M. Cockburn, P. A. L. Williams, R. Blackwood, D. Curson.

A.J.S.

SOCCER

GUY'S *v.* CAMBRIDGE UNIVERSITY MISSION

Saturday, 31st August, 1968, at H.O.P. Lost 1—3.

This was the opening game of the season, and the team faced the occasion with more than the usual personal apprehension after well-founded rumours of the fitness and almost fanatical aggression of the opposition.

There was a brisk opening with the Mission on the attack from the word go. Wood, in goal, spent the first 10 minutes working out which were his hands and which were his feet. However, no goals were conceded in this period and the game developed into a serious, well matched contest with Guy's defence effectively blocking the lively and skilful attack just outside the six-yard box. This continued for half-an-hour before Davey, at centre-half, let the cork out of the bottle. A miscalculated, but well meant return to his goalkeeper allowed their inside left to step in and put it past Wood at the second attempt. Despair shrouded the team, but all was forgotten five minutes later when half-time allowed a sit down.

Within three minutes of the turn-round, Guy's had dramatically equalised through a "never say die" effort by Drage, who must be congratulated on his forceful, if not comical, contribution to the side.

And so the game ended with the Mission scoring two goals—a just reward for their obvious superiority, and Guy's left the field well pleased with their efforts. This was a good start to the season, but there was an obvious lack of attempts at goal—we have talented forwards—let's use them.

M.J.W.

Team: Wood, Poole, Davey, Lovell (Captain), Jones, Farber, Jacobs, McClure, Lindridge, Drage, Leeburn.

GUY'S v. OLD MALVERNIANS II

Saturday, September 14th. At H.O.P.

Won 8—2.

Guy's first win of the season was rather easily earned against a weak Old Boys' side. After several hours of torrential rain, the pitch was understandably badly affected, but sterling work by the assistant groundsman, enabled the game to take place.

Adapting themselves to the conditions quickly, Guy's opened strongly, and soon the Malvernians' goal was under heavy pressure. Lindridge opened the scoring, "slithering in" a cross from the right. Goals began to flow freely, almost as quickly as the rain had previously, and aided by some sub-standard goalkeeping, the Hospital was able to turn round with the score 7—0 in their favour. However, mention must be made of one of the goals, a classical one by Drage, who rose high above the defence to send home a bullet of a header which Tony Hateley would have been proud of.

In the second half the game deteriorated, both in standard and behaviour. The visitors staged a mini fight-back, with two goals, but just before the final whistle, McClure scored, casually placing the ball wide of the 'keeper.

Although a big win is good from the point of view of boosting morale, this was not a very satisfactory victory—we look forward to better games.

Scorers: Drage 3, Lindridge 2, Jacobs, McClure and one own goal.

Team: J. Wood, R. Lovell, G. Farber, S. Poole, R. Davey, D. Lindridge, D. Jacobs, I. McClure, S. Drage, P. Epps, R. Leeburn.

R. LOVELL

GUY'S v. R.A.F. UXBRIDGE

Saturday, 28th September. Away.

Result: Won 6—4.

This fixture poses an annual transport problem for the Soccer Club, usually resulting in chaos and an extremely late kick-off. This year was no exception, with the injured McClure, acting as chauffeur for some of the team, being involved in a car smash *en route* (to the wrong ground, incidentally). He found that his Saturday afternoon out had cost him approximately one shilling per minute.

When the game did commence the R.A.F. got off to a typical "flying" start with their heavier forwards threatening to overrun the Guy's defence. However, after a few minutes and some relieving clearances from the uncompromising Lovell, Guy's settled down to play some neat football.

Unfortunately, a succession of corners were conceded during a period of panic and from one of these the ball bounced kindly for the opposing centre-forward who blasted it into the net. Another mistake enabled the R.A.F. to go 2—0 up, although Guy's had held the territorial advantage.

Eventually the tide turned (it was raining quite heavily) and the ball was centred from Dutta on the left, only to be hooked into his own net by the giant R.A.F. centre-half under pressure from Jacobs. The equalizer came from the cultured left foot of "Cannonball" Drage, who neatly turned in a low cross from Jacobs on the right.

Just on half-time a ghastly mistake by the defence allowed the R.A.F. centre-forward to amble through with only Wood to beat . . . he scored easily.

During the interval, notable for its invisible oranges, Davey, the tactical wizard of the team, proposed that the ball should be playerd more on the ground, against such a cumbersome defence, and this paid early dividends when a dangerous low cross from the left wing ricochetted into the net off the unfortunate centre-half.

Nash and Edwards, the latest full-back pairing, had effectively contained the R.A.F.'s wings and now found time to advance in support of the attack. A classical five-man move, starting from a roll-out by Wood, and finishing with a flick through by Poole enabled Jacobs to score without an opponent touching the ball. Spurred on by this success, Guy's attacked and were rewarded by further goals from Drage and Lindridge.

A nonchalant hand-ball by Poole in the dying moments gave away a penalty and enabled the R.A.F. No. 10 to boost the score to its Wimbledon-like proportions.

Team: J. Wood; J. Edwards, I. Nash; S. Poole, R. Davey, R. Lovell; D. Jacobs, D. Lindridge, S. Drage, T. Dutta, R. Leeburn.

R. Leeburn.

GUY'S v. BRIGHTON, HOVE & SUSSEX G.S.

Wednesday, 25th September. At Brighton.

Result: Draw 2—2.

Missing two first team regulars, Guy's had an unusual line-up for the annual fixture at Brighton. Also John Edwards, a fresher, made his debut for the Hospital at right-back.

The School side opened strongly, producing some attractive midfield football but, for once, the Guy's defence had quickly settled down and were well in command of the penalty area. Up front, "Cannon" Drage, the free-scoring centre-forward, was being closely watched, and the other forwards' reluctance to shoot was proving to be the Guy's stumbling-block. Just before half-time, expecting an off-side decision to be given, the Guy's defence hesitated, allowing Brighton to take a rather lucky 1—0 interval lead.

In the second half, Guy's put a lot of early pressure on the School's goal, leading to a succession of corners. The midfield gap had now been effectively plugged and for about 10 minutes it was one-way traffic. Several attempts

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went close before Jones beat his man on the left and centred a low, hard ball which was turned by a Brighton defender into his own net, while under pressure from the Guy's forwards. The Hospital defence was standing for no nonsense at the back, and soon the play was again surging forward into the opponents' half.

After 70 minutes the much-maligned Jacobs capitalised on a bad goal kick to put Guy's into the lead. Several more good chances were created but not taken. Recovering well, the School side pressed hard and a series of well-taken corners stretched the Guy's defence. With two minutes to go, the Brighton centre-forward scored an opportunist goal to level the scores.

Although victory was so near, this was an encouraging result considering that for the last two seasons the corresponding results were 6—1 defeats. However, we must learn to take more of the scoring chances we make if games are to be won easily. Individually everyone played well, with perhaps, Poole taking the honours.

Team: J. Wood; J. Edwards, R. Lovell (Capt.); S. Poole, R. Davey, D. Lindridge; T. Dutta, D. Jacobs, S. Drage, R. Leeburn, N. Jones.

R. LOVELL

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Medical Registrar** at New Cross Hospital with duties to commence as soon as possible and appointment until 30th September, 1969 in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, not later than **21st September, 1968**.

GUY'S HOSPITAL, S.E.1.

Applications are invited from registered dental practitioners for the appointment of **Senior Registrar/Registrar** (Full-Time) in Clinical Dental Surgery including Oral Surgery with duties to commence as soon as possible. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital London, S.E.1, not later than **Monday, 21st October, 1968.**

GUY'S HOSPITAL

December 1st, 1968

Applications are invited for the following house appointments due to begin on December 1st, 1968, forms of application giving choice of post in order of preference to be lodged with the Superintendent not later than **October 25th, 1968.**

House Physicians	5
House Surgeons	4
House Surgeon to the Surgical Unit	1
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1
House Surgeon to the Thoracic Unit	1

The above appointments will be for six months and will be open only to pre-registration candidates applying for their **first** appointment and not to candidates seeking their second six months appointment.

Children's House Physician (second six months)	1
Resident Obstetrician (post registration)	1
Genito-Urinary House Surgeon (Second six months or post-registration)	1
Casualty Officers (S.H.O.)	3
Resident Anaesthetists (S.H.O.)	2
R.M.O. in Nuffield House (S.H.O.)	1
Children's House Physicians at Evelina Hospital (post registration)	2

1 to commence 1.12.68

1 to commence 1. 2.69

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) preference given to second six months candidate.	1
House Surgeon (pre-registration) preference given to second six months candidate.	1
Senior House Surgeon (S.H.O.)	1

NEW CROSS HOSPITAL

House Physicians in General Medicine and Geriatrics (S.H.O.)	1
(pre-registration, preference given to second six months candidates)	1
Orthopaedic House Surgeons (S.H.O.)	1
(pre-registration, preference given to second six months candidate)	1

The house appointments committee will also consider applications for the following posts and preference will be given to second six months applicants:

LEWISHAM HOSPITAL

House Physician to Dr. Price (pre-registration)	1
House Physician to Dr. Roberts (to commence 19.12.68) (pre-registration)	1
House Surgeon to Mr. Lynn Evans (to commence 19.12.68, locum from 1.12.68) (pre-registration)	1
House Surgeon to Mr. Williams (to commence 30.12.68) (pre-registration)	1

MILLER GENERAL HOSPITAL

House Surgeon to Mr. Candy, Mr. Gardiner and Mr. Gwynn Evans (pre-registration) 1
House Surgeon to Mr. O'Flynn and Mr. Fyfe (pre-registration) 1
House Physician to Dr. Hartley and Dr. Lessof (pre-registration) 1

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy (pre-registration) 1
House Physician to Dr. Miller and Dr. King (pre-registration) 1

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott (pre-registration) 1

P. J. HELLIWELL.
Superindent.

October 3rd, 1968

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WANTED—Guy's man requires associate partner general practice thriving suburb Portland population 80,000, glorious sailing, golf, ski-ing. Entree three hospitals only seven G.P's. Would guarantee income £125 monthly till association 50—50. Gross income 1967 £18,000. Medical registration State Board exam December 1968. No. ECFMG required. Further particulars LECKIE, 94 Auburn Street, Portland, Maine, U.S.A.

BIRTH

SCOTT—On 21st September, 1968 to Margaret (née Barrie) and Sydney Scott of 29 Piercing Hill, Theydon Bois, Essex, at St. Margaret's Hospital, Epping, a daughter, sister to John, Jane and Mary.

VERNON—On 10th September, 1968, at Ipswich, to Gilian (née Greensmith, S.R.N., S.C.M.) and Michael Vernon, M.B., B.S. a daughter, Sarah Jane.

MARRIAGES

HELLIWELL—LAWS—The marriage took place quietly on October 1st, 1968, at Hatfield Parish Church between Dr. Phillip Helliwell and Miss Margaret Laws.

WHITE—RECKITT—On September, 14th, 1968, at St. Michael and All Angels Church, Strete, Devon, Trevor, son of Mr. T. B. White and the late Mrs. White of Hayle, Cornwall, to Jennifer Margaret, Daughter of Mr. and Mrs. C. L. H. Reckitt of Strete, Devon. **Present Address** 4 Skidden Hill, St. Ives, Cornwall.

CHOPIN-JOHN — IRVINE — On September 14th, 1968, at the Church of St. Thomas of Canterbury, St. Leonards-on-Sea. Victor Chopin-John of 160 Lambeth Road, S.E.1. to Anne Catharine Orvine, Rothesay, Clyde Road, St. Leonards-on-Sea and Guy's Hospital.

CHANGES OF ADDRESS

G. Brocklehurst, M.Chir., F.R.C.S., Department of Neurosurgery, The London Hospital, Whitechapel, E.1. Tel: 01-247 5454 and: 31 Grove Road, Hackney, London, E.9. Tel: 985 9640.

F. N. Corfe, M.R.C.S., L.R.C.P., L.D.S.R.C.S. (Eng). 18, Muswell Hill Broadway, London, N.10. Tel: 01-883 6977. (Residence) 27 St. James' Avenue, Friern Barnet Lane, London, N.20. Tel: 01-445 8464.

Dr. and Mrs. R. A. J. Eady, 42 Linton Street, Islington, London, N.1.

Dr. and Mrs. T. E. J. Healy, High Hall of Residence, The Vale, Edgbaston, Birmingham.

Mr. and Mrs. Gordon E. V. Holmes, Doubloon Cottage, Tile Barn Lane, Brockenhurst, Hants. S04 7UE. Tel: BRO 3069.

Dr. Frank Popper, L.D.S., R.C.S. (ENG.), Suite 717-721 N.B.S. Building, 300 Smith Street, Durban. Tel: 25764.

Dr. D. S. Robins, H.M.S. Eagle, BFPO Ships.

PUBLICATIONS BY GUY'S MEN

Appleyard, W. J. and Rake, M. O. The use of Clomocycline in acute respiratory infections. *Brit. J. clin. Pract.*, 1968, **22**, 397.

Bridger, G. P. Modified surgery for buccal neoplasms. *J. Laryngol.*, 1968, **82**, 809.

Bridger, G.P. and Shaheen, O.H. Radical surgery for ethmoid cancer. *J. Laryngol.* 1968, **82**, 817.

Campbell, M. Calcific aortic stenosis and congenital bicuspid aortic valves. *Brit. Heart J.*, 1968, **30**, 606.

Citron, K. M. and others. Caphaloridine compared with penicillin and streptomycin in exacerbations of chronic mucopurulent bronchitis. *Lancet*, 1968, **2**, 592.

Close, H. G. and others, The incidence of sex-chromosomal abnormalities in mentally subnormal males. Cytogenetics, 1968, **7**, 277.

Davies, H., Missen, G. A. K., Blandford, G., Roberts, C. I., Lessof, M. L. and Ross, D. N. Homograft replacement of the aortic valve; a clinical and pathologic study. *Amer. J. Cardiol.*, 1968, **22**, 195.

Dyde, J. A. Aortic bifurcation reconstruction for claudication. *Lancet*, 1968, **2**, 326.

Hamerton, J. L. Significance of sex chromosome derived *heterochromatin in mammals. Nature*, 1968, **219**, 910.

Jagiello, G., Polani, P. E., Giannelli, F., Hamerton, J. L. and others. Chromosome findings in chronic psychotic patients. *Brit. J. Psychiat.*, 1968, **114**, 1167.

Lessof, M. L. Immunological aspects of myasthenia gravis. *Proc. R. Soc. Med.*, 1968, **61**, 759.

Levin, B. and another. Hereditary metabolic disorders involving the urea cycle. *Proc. R. Soc. Med.*, 1968, **61**, 773.

Levin, B. and another. Fructosae mia. *Proc. R. Soc. Med.*, *1968*, **61**, 774.

Meadow, S. R. Mouth ulcers and palate petechiae in ill children. *Brit. J. clin. Pract.*, 1968, **22**, 375.

Oliver, L. C. Remission of thyrotoxicosis and exophthalmos after drainage of aqueduct of Sylvius. *Brit. med. J.*, 1968, **3**, 412.

Parsons, V., Veall, N. and Butterfield, W. J. H. The clinical use of orally administered ^{47}Ca for the investigation of intestinal calcium absorptions. *Calc. Tiss. Res.*, 1968, **2**, 83.

Pond, D. A. Sequels of unwanted pregnancy. *Lancet*, 1968, **2**, 501.

Rees, R. J. W. and another. Enhancing effect of antilymphocytic serum on mycobacterial infections in mice. *Nature*, 1968, **219**, 408.

Ross, D. N. and others. Homograft replace*ment of the aortic valve. Lancet, 1968*, **2**, *469.*

Somerville, J. and another. Congenital anomalies in the heart with hypertrophic cardiomyopathy. *Brit. Heart J.*, 1968, **30**, **713.**

Somerville, J. and others. Atrioventricular defects—a study of 92 families. ***Brit. Heart J.***, 1968, **30**, 645.

Spicer, C. C. and others. The computer surveillance of congenital malformations. *Brit. med. Bull.*, 1968, **24**, 215.

Taylor, A. I. Autosomal trisomy syndrome; a detailed study of 27 cases of Edward's syndrome and 27 cases of Patau's syndrome. *J. med. Genetics*, *1968*, **5**, 227.

Gower, D. B. and another. Gas liquid chromatography of androst-16-enes as trimethy'lsilyl and chromethyldimethysilyl ethers. J. Chromatog. 1968, **36**, 338-340.

Katkov, T. and Gower, D. B. The biosynthesis of 5∝-androst-16-en-3-one from progesterone by boar testis homogenate. Biochim. biophys. Acta, 1968, **164**, 134-136.

Meadow, S. R. Vestibular Nystagmus in infants and the effect of Streptomycin in the neonatal period. (1968). Developmental Medicine and Child Neurology. **10**, 317.

Meadow, S. R. Infectious Hepatitis and Stillbirth. (1968). *Brit. Med. J.* **1**, 426.

Raynes, A. E. The effect of alcohol on aggression in Betta Splendens'. Paper read at Eastern Psychological Association, Washington, U.S.A. April 1968.

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GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2094

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

A Message from the President of the Rugby Football Union

I am pleased to write this short foreword for your Programme to mark 125 years of your Club's history.

Guy's, one of the founder-members of Rugby Football Union. have contributed much to the game and to hospital rugger.

As one of our great London Hospitals, your players have circulated to all parts of the rugby playing world, not only furthering the game but also as young doctors helping the many injured players that are bound to arise in this hard game we play.

In my playing days I was always fortunate enough to have a young doctor in my side. As President of the Rugby Football Union I take this opportunity of saying "thank-you" to all the medicals who help so much in their quiet way.

It is my earnest wish that your Club will continue to enjoy many successful years.

J. T. W. BERRY.

Manor House,
Ashley,
Market Harborough.

Photo: F. J. Pitts, Esq.

Mr. J. S. Batchelor, President of the Guy's Hospital R.F.C., and Dr. Windsor H. Lewis, who has selected the team to play against Guy's in the 125th Anniversary Match.

THE FUTURE OF GUY'S RUGBY

by

H. C. Burry

In this age, when Sport has moved far from its Greek derivation of amusing oneself, and has come to have an important role as a means of self-expression by achievement, it is pleasing that the rugby club has taken up the challenge. The past two seasons of virtually unprecedented success are the just rewards and natural consequences of a more resolute approach to the problem of beating more experienced opponents, and reflect great credit on the players involved, and their captain, Charles Thorburn.

The winning of the Hospitals Cup remains a problem. Coming towards the end of the season, it tends to catch us at a time when staleness is taking its toll, with consequent dull thinking and poor handling. There is an obvious need for a two-week break from rugby over the Christmas period to enable players to recharge their batteries.

Looking forward to the future, our fixture list appears to have approximately the right balance of hard and less testing matches but there remain too many out-of-town fixtures and some of these should be replaced by games with London Clubs. The problem in promoting these, however, rests in the miserably small following that our club attracts which denies the opposing clubs a reasonable "gate". Regrettably, in many cases, this is their major concern ! One way in which this deficiency might be offset would be to form a "Supporters' Club" and arrange transport back to Guy's in the evening as a breathalyser equallizer ! In view of the vastly improved club room facilities at H.O.P., and the large number of home fixtures, this would seem a good year to set such a scheme in motion.

Lastly, to maintain and to strengthen our position it is imperative that playing standards should continue to improve, a proposition that can only be solved by ex-players making themselves available for the exacting but immensely satisfying task of coaching.

As the oldest club in the world, we have an obligation to the game and to our Hospital. It is good that in our 125th year, we can claim with pride that our great traditions are being well maintained.

Dr. Burry is Consultant in Physical Medicine at Guy's, and coaches the 1st XV.

GUY'S RUGBY IN THE TWENTIES

by

J. R. F. Popplewell

Guy's restarted competitive rugby in the season 1919–1920, following World War I. British youth had been decimated by the slaughter of that war, and the Hospital was more than ever grateful for the contingent of students who came from South Africa.

Guy's won the Hospital Rugby Cup for the next four years.

It is difficult to assess the greatness of these players, as international honours were not for them, but one club, which today epitomises greatness on the football field, was available to them—namely the Barbarians R.F.C.

It should be recorded that of the 1920 winning Hospital Cup side, no fewer than 12 played at one time or another for the Barbarians.

This side was : W. Olivier, P. J. Krige, H. Graham-Davies, J. A. Krige, S. L. Steyn, F. Bekker, J. van Schalkwyk, W. D. Doherty, G. E. Kidman, F. W. Reitz, A. H. Shellswell, E. E. Neser, A. Marais, H. Van Zyl, R. R. F. Duncan.

Of those not chosen, one—H. Graham-Davies—later obtained a Welsh cap, and it is worth noting that he was displaced by a South African in the cup-winning sides of 1922 and 1923.

During the subsequent ten years the following Guy's men represented the Barbarians :—

P. K. Albertijn (1920-21), F. Bekker (1919-20), F. S. Biddle (1920-21), J. Cullinan (1925-26), W. D. Doherty (Irish International, 1919-20), R. F. Duncan (1920-21), J. M. Durr (1924-25), G. Fellowes Smith (1924-25), A. G. Johnson (1929-30), J. A. Krige (1919-20), P. Krige (1919-20), Windsor H. Lewis (Welsh International, 1926-27), C. Marais (1919-20) W. G. Morgan (Welsh International, 1927-28), E. E. Neser (1919-20), J. R. F. Popplewell (1929-30), F. W. Reitz (1919-20), A. H. Shellswell (1919-20), C. L. Steyn (1919-20), P. D. B. Spence (1924-25), J. G. Van Schalkwyjk (1920-21), H. Van Zyl (1920-21).

During these first four years, Guy's Hospital was recognised as one of the outstanding Rugby sides in London, if not in the whole country. As a result of this, they built up a fixture list second to none. In fact, the only first class sides that they did not play were Oxford University, and Leicester.

Dr. Popplewell was captain of the Guy's XV 1927-29.

Not only did this fixture swell the gate at Honor Oak Park, but it attracted players of the highest quality.

W. D. Doherty is known to us all, as the Hospital was lucky enough to maintain his services, first as Surgical Registrar, later as a General Surgeon, specialising in Genito-Urinary work, and later as Superintendent. "George" Doherty finished playing Rugby regularly in 1924, but he remained an inspiration to hosts of Guy's Rugby players, and a friend and philosopher to many subsequent Guy's Rugby Captains. One can be mindful of an occasion in 1928, when he came as touch-judge in a match against the Old Alleynians, and a forward failed to turn up, "George" turned out and played an exhilarating game. One wonders how stiff he was in the morning. Of the South African contingent, it would be difficult to mention in particular any one, Doherty was of the opinion that P. K. Albertijn (centre-three-quarter, 1921-23) was the greatest. Franz Bekker and J. G. (Goldie) Van Schalkwijk were a pair of half-backs that, at that time, were the best in the country and one could say that their performance has yet to be equalled.

It is of note that one N. L. Eckoff represented Guy's in the Cup semi-final match of 1923. In this company this was performance of a high order.

In the season 1923-24 Guy's lost the Cup. This team saw the presence of J. W. Schabort, a hard-working forward and also of B. G. Schofield, the Oxford Blue and Kent Cap, who had been in the sides of 1923 and 1924. P. D. B. Spence, of tennis fame, played at full-back. This was also the last season of a stirring forward, E. E. Neser.

In the 1924-25 season Guy's again won the Cup. John Durr joined this team, as did Pye Myburgh, one of the most efficient hookers that Guy's has known. N. M. Holloway, who also boxed for the Hospital, played, as did E. W. Hutchinson, an outstanding goal kicker. J. R. F. Popplewell made his debut this season. This was also the last season for Goldie Van Schalkwijk and H. Graham-Davies.

For 1925-26, John Durr was captain. A newcomer to the side was P. O. Garland at scrum half—later to earn an English Trial Cap.

1926-27 saw G. G. Cameron as Captain. D. F. Ryan and A. J. D. Lewis came to the fore as did Tom Morgan and T. G. Robinson, both of whom later captained Guy's.

During the season 1927-28, J. R. F. Popplewell was captain. C. D. Malone, who used to swim for the Otters, made a name for himself as a vigorous forward. He obtained an Eastern County Cap. H. Simpson-Smith was a brilliant forward of that side, who came very near to obtaining an English Trial. Guy's were beaten in the Cup Final by Bart's, 5—3. All players in this side obtained their County Caps.

For the season 1928-29, T. O. Garland was elected Captain, but had to resign on account of ill-health. J. R. F. Popplewell was re-elected with C. D. Malone as Vice-Captain. This team included

F. H. B. Spence, brother of P. J. B. Spence. New arrivals included Winsor H. Lewis, of Cambridge University and Wales, also J. S. Batchelor from Otago University, New Zealand. Another member of that side was R. A. P. Hogbin. He deserves mention not only for his brilliant goal kicking, but he finished up with the record of the number of times any player has turned out for Guy's. Guy's regained the Hospital Cup.

1929-30 saw T. G. Robinson as Captain. Other players to remember are A. G. Johnson on the wing with J. E. Geison from New Zealand in the centre. G. H. Lashmore, an excellent forward who played for Leicester, strengthened the forwards. The name of H. J. B. Atkins is noted as that of a centre-three-quarter who played with distinction. W. G. (Guy) Morgan, of Cambridge University and Wales (nephew of the great Teddy Morgan) joined the side this season. He was one of the best centres that the Hospital has known. This team retained the Cup.

As this article began with quoting the 1920 Cup-winning side, let us see the winning side of 1930.

D. F. Ryan, T. G. Robinson, J. F. Geison, W. G. Morgan, A. G. Johnson, W. H. Lewis, R. V. Eustace, J. R. F. Popplewell, C. D. Malone, R. A. P. Hogbin, T. Morgan, G. F. Lashmore, J. S. Batchelor, L. I. S. Campbell, J. J. O'Shea.

One name that should be mentioned over the years was that of F. H. (Frankie) Steward, our beloved President. He never missed a home fixture and was an inspiration to everyone.

In the '20s, the Match Secretary was a student. Fixtures were usually arranged about four years ahead, so in the late twenties the benefits were reaped of our earlier successes. The names of Parker, Tupling and Donald Ettles should be mentioned in gratitude to the immense amount of work that they did. This work was later taken over by G. H. Winston, the Wills Librarian. They are owed a considerable debt.

A HISTORY OF GUY'S HOSPITAL RUGBY FOOTBALL CLUB

by

T. L. T. Lewis

Foundation in 1843

The evidence for the foundation of the Club in 1843 is somewhat circumstantial, but the claim has never been seriously challenged and it places Guy's in the position of being the oldest Rugby Football Club in existence. Both Sir Frederick Taylor and Mr. J. N. C. Davies-Colley, who entered Guy's in 1863 and 1865 respectively, told Dr. Alfred Allport that 1843 was the date accepted by all as the year in which the Rugby Club became established. This was repeated to Dr. Allport by Mr. E. B. Turner who played for St. George's Hospital and England in 1874. In the words of Dr. Allport, "This may be taken as substantial confirmation amounting to certainty, for men's memories carry back thirty years with accuracy and if the 1843 date was admitted in 1874 by other hospitals, it may be accepted as the correct one." A fixture card produced by the captain of the team for the year 1883–4, Dr. R. H. M. Randell, referred to the fact that it was the club's fortieth season, "indisputable proof that the Guy's Hospital R.F.C. was formed and played its first matches, in the season 1843–4", according to an article in *The Referee* of October 2nd, 1921. J. B. G. Thomas, in "Great Rugger Clubs" (Stanley Paul, 1962) wrote: "It is the pride and joy of all members, past and present, of the Guy's R.F.C. that theirs is the oldest in the game's history. Of this there is no doubt, despite the claims of other less distinguished bodies to the worthy title."

Early Days

What do we know about the game in those early days a century or so ago? At first, Guy's played on the Common at Blackheath, sharing a dressing-room in the billiards room of the "Princess of Wales" Hotel with the Blackheath Club after their formation in 1862 from the Old Blackheathens, old boys of the Blackheath Proprietary School. A club attendant who lived at Blackheath rose "with the sun" on the morning of a match and, taking the posts with him, staked out the Guy's claim on the heath. The field of play was generally fairly clear of stones and broken bottles, but not always. There would be other matches going on a few yards away and Dr. Allport described

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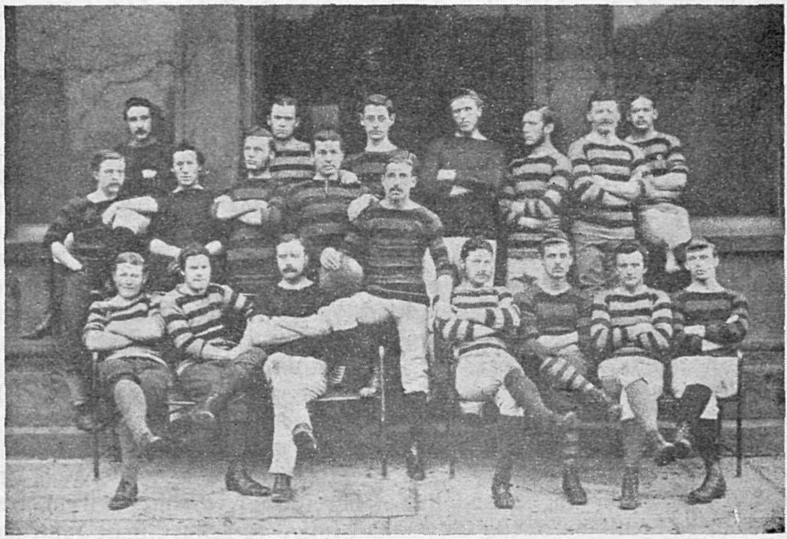
an occasion when the full-back allowed an easy try because he was busy cheering a run by a player on a neighbouring pitch. Distraction was also caused by people out for a walk with the dog who would wander across the playing field. Until 1877 sides, including the International ones, consisted of twenty players each if that number were available. The code of rules to be played under was decided at the time by the two captains, and this led to many arguments. Two rules were usually agreed upon; that no player might be held and hacked at the same time; and though a player might be held in the scrummage, no attempt must be made to throttle or strangle him. Hacking, or kicking the shins of an opponent to keep him away from the ball, was one of the main issues for debate until the practice was banned by the Rugby Union on its formation in 1871. The method of scoring varied from time to time until 1893. Before then a match was won or lost only by goals (successful kicks between the posts after a try); in the event of an equal number of goals, or no goals, tries were counted; if the number of tries was also equal, rouges or touch-downs were counted. From the very earliest days the membership of the Guy's R.F.C. was closed. Only students and qualified members of the hospital were entitled to join.

Formation of U.H.R.F.C.

The United Hospitals R.F.C. was formed in 1867 and the Hospitals Cup competition inaugurated in 1874. It was in this competiton that a system of scoring points was first used, three rouges equalling one try and three tries equalling one goal. In 1871 "a party of thirty-two members of London and Suburban Football Clubs following the Rugby School laws, assembled in solemn conclave at the Pall Mall Restaurant in Regent Street, London, under the presidency of E. C. Holmes, Captain of the Richmond Club, and resolved unanimously that the formation of a Rugby Football Society was desirable, and thereupon proceeded with all due deliberation, to found the Rugby Football Union" (Arthur Guillemard in "Marshall's Football", 1892). Guy's Hospital was not only represented at this meeting but one of its members, J. H. Ewart, was elected to the first committee.

1860s and First Cup Final

Dr. A. Allport tells us something about the men who played for Guy's in the nineteenth century, beginning with Sir Frederick Taylor who, in 1863, "was a fast and clever three-quarter" and Charles Higgins who "joined in 1864, played half-back and was ready for a scrap with anyone. Standing not more than 5 feet 2 inches and weighing under 9 stone, he was a compact little mass of agility and determination. The year he was reaching the age limit of sixty and retiring from the position of Oculist to Guy's, he gave an exhibition three rounds of boxing with Jem Brock, the celebrated lightweight champion who was one of the last to fight with bare knuckles. It was a wonderful example of hard hitting and good condition against a seasoned pugilist ten or fifteen years his junior." In the year 1873, W. W. (Nipper) Pinchin, known as Conchy Bill because of his long nose, was elected captain for the fourth year in succession. He played for England in the first International against Scotland at the Oval, Kennington, in 1872. Subsequently he became ship's doctor on a passenger liner, but was washed overboard in a gale and was never seen again. A challenge from St. Bartholomew's Hospital was declined because "the last match three years previously was attended with much unpleasantness—ending, in fact, in a free fight, with Charles Higgins very busy on this occasion and doing himself ample justice in the fighting!" Playing with Pinching was another England International, A. W. Pearson, "about as fine a full-back as ever played; beautiful drop and place kick and a dead sure tackle. He never did any work at Guy's and only entered to play in the cup ties. He went to Australia in the eighties to farm". Guy's had a very strong team, six men appearing in the All-England trial games. They were surprisingly beaten by Blackheath due to "a nasty trick adopted by the Blackheath forwards, of heeling the ball out of the scrimmages ’. However, they won the first Hospital cup competition on March 3rd, 1875, beating St. George's in the final by one goal and one touch-down to two touch-downs. The *Gazette* reported, "The fierce struggle, the running, the kicking, the intense excitement and cheering of the spectators form a picture that we shall recall when we are old—old in years; but which will make our pulse beat again with the freshness of youth, while the players in the Guy's team, like the old victors at Agincourt, will raise their heads with pride at every anniversary of



The Guy's Hospital R.F.C. Twenty, Season 1873-74.
J. F. Breach. P. E. Wallis. H. Duke. G. E. Power. H. Hetley.
C. L. Mutch P. F. Gilbert. T. Brown. J. Boughton. H. Welchman.
F. Wells. W. W. Pinching (Capt.) W. G. Gray. A. Finch.
E. S. Robson. J. Rendall, R. C. Gibb. H. A. Collins. F. B. Maclean.
Absent: A. W. Pearson.

March 3rd, 1875." Cup fever 93 years ago!

1870's

We lost the Cup in 1876 but regained it in 1877. On that occasion we had playing for us Leonard Stokes, who was to play for England twelve times, on five occasions as captain. In the *Gazette* of 1893 it said, "He was a faultless catch and field, and a very quick starter, and with his speed of foot, wonderful dodging powers, and clever "shoving-off" was an extremely difficult man to tackle. An excellent place-kick, he was also for several seasons the longest drop in the three kingdoms. Some of his drops at goal from difficult positions, when hemmed in by opponents, were simply marvellous. His tackling was not quite up to the standard of the rest of his play, as he frequently aimed too high, but his great speed often enabled him to rectify an error by a second attempt." So he was human after all. When he left Guy's he became captain of Blackheath, scoring fifty-six tries out of one hundred and thirty-six by the whole team in eighty-three matches. In his fifth match as captain of England, he managed to force Scotland to a draw by an extraordinarily fine kick, "Catching the ball from a kick-out he obtained a goal by one of the grandest drop-kicks ever seen, the ball travelling fully eighty yards from kick to pitch" (A. Budd, "Football"). At half-back for Guy's, were two more Internationals, A. H. Jackson, who was powerful and clever, "a good drop with either foot and absolutely chock full of pluck and resource" and his partner, the captain, W. G. Gray. The latter found Jackson to be very selfish. He could only remember Jackson passing the ball to him on one occasion, when he dropped a goal. "Damn," said Jackson, "I could have done that myself." In the cup match against St. Thomas's, Gray wore a jersey without sleeves and put " a modicum of oil " on his bare arms to make it difficult for his opponents to catch hold of him. Unfortunately he dislocated his shoulder early in the second half. He retired to the pavilion, but when three members of the Guy's staff failed to reduce it he returned to the field and played full-back. Later "under chloroform the reduction was quickly accomplished but the triumphant ride back to the hospital, in a ' growler ' with the coveted Cup, was marred to some extent through the vomiting induced by the anaesthetic."

Following the outstanding season of 1876–7 "the team being one of the finest the hospital has ever turned out, with the pick of the English Twenty behind the scrimmage", it was not surprising that the results were not so good. The finances of the Club were in a bad way and there was difficulty in obtaining a full team through several of our best men playing for outside clubs, a perennial problem it seems. In the early 1880's A. S. Taylor was playing full-back for Guy's. "He was a sure fielder and kick and tackled very low; he would gather himself together and shoot at his man like a streak of lightning, bringing him down all of a heap." He played for England on four occasions. Albert Martin, an Australian, was "a powerful bullocking three-quarter with a fair turn of speed" and R. M. H. Randell, captain in 1883–4 was "a big powerful forward of the very robust type, whose shoving in the scrimmage was only equalled by the keenness he shoved into his team". "Trojan" Marriott, brother of the man who was Rugby Union Secretary for so many years, was able in 1885 to "imbue his men with the keenness which culminated in their winning the Cup after an interval of seven years". H. M. Jordan, a brilliant and dashing three-quarter with a fine swerve, played for Wales three times and was immensely popular with the crowd. Unfortunately he played mostly for Blackheath. It is said that in an effort to prevent Jordan getting through their line in a Cup match in 1884, the London Hospital played four three-quarters instead of the usual three. This tactic was adopted in Wales and soon spread generally. Guy's were therefore partly responsible for the modern three-quarter line.

1880's

In 1886 Alfred Fripp (later Sir Alfred, on the Guy's staff) " a powerful, hard-working forward weighing 13 stone and as hard as nails" was secretary and arranged a card of fixtures which had never been achieved by any hospital before. He will be remembered as the instigator of "The Ancient Order of Froth-Blowers." In the following year, 1887, when he was captain, the three-quarter line was a wholly international one with W. G. Mitchell (England), H. L. Evans (Scotland), F. G. Swayne (the South) and H. M. Jordan (Wales). Also in the side were "Honest" John Fawcett and J. H. ("Rosie") Bryant, both of whom were appointed later to the hospital consultant staff. For the first time in hospital football a provincial tour was arranged. They were narrowly beaten by Bradford and Wakefield Trinity, the latter being the holders of the Yorkshire Cup, but "did not cut too bad a figure". Against the odds they were beaten in the Cup competition by a dropped goal to a try by St. Thomas's "who kept the ball tight in the scrums and tackled relentlessly". It seems that Cup matches do not change in the course of time. Through the efforts of John Fawcett the Surrey County R.F.C. was resuscitated.

The captain for the next two seasons, 1888–9 and 1889-90, was that remarkable athlete, Alfred Allport, from whose article in the bicentenary number of the *Gazette,* January 6th, 1925, much of this early information was obtained. Allport played rugby for England five times, rowed for Thames in the Grand Challenge Cup at Henley and was near to winning the Amateur Heavyweight Boxing Championship. He was a great personality and renowned for his comic songs. Allport was greatly assisted by W. G. (Willie) Mitchell, also an all-rounder, a most unusual athlete excelling in soccer, cricket, hurdling, golf, billiards, tennis, racquets and putting the weight, to say nothing of rugby, at which sport he represented England seven times, playing full-back. He was quite unorthodox, tackling by the hand, shoulders, arm or jersey and often he fly-kicked the ball into touch thirty or forty yards away instead of picking it up (this presumably due to his prowess at soccer). He frequently turned up for an International match without any kit, even boots. Playing three-quarter on one occasion, he mistook his own goal for his opponents' nearly scoring a try behind his own line, recognised the Guy's full-back in a friendly manner, turned round and made a fine run in the opposite direction. A few moments later he dropped a goal from half-way, meaning, he said, to kick for touch. Once, in an International match against Scotland, he let a forward through, doing one of his usual high tackles, followed the man over the goal-line, caught him up without being seen and neatly took the ball out of his hands as he was about to ground it! Unpredictable to the end, he went to the Yukon in the gold rush and died of phthisis there in 1905. 1890, incidentally, was the opening year of the Residential College and the Pavy Gymnasium, both to play a big part in the lives of generations of Guy's men.

J. J. Biggs, the eldest of four famous Welsh brothers, was another valuable acquisition who could play anywhere on the field. He was "a tall, bony man with a hard pair of knees, unkempt hair and a big moustache". His Celtic excitability led to many a dispute, the evidence for which was "his great moustache all covered with blood".

1890's

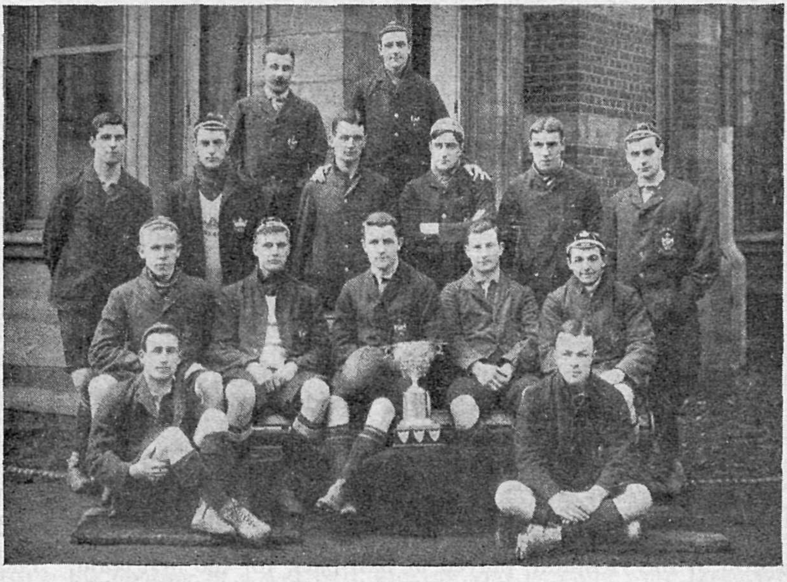
The Guy's team was not particularly successful in the early 1890's. Notable players included W. I. (Bertie) Hancock, "a tall, loose-limbed three-quarter with a walloping gait, an awkward swerve and the true instincts of a centre to draw his opponent towards him and then to free his wing"; K. B. Alexander, "the pocket epitome of pluck and reliability"; H. W. Dudgeon, a fast, strong and skilful wing-forward who played for England seven times; F. O. Stoker, a forward who had already played five times for Ireland; T. L. Jackson, a Cambridge Blue, and F. C. Wetherell, a clever half-back who represented the hospital for many years. Bertie Hancock was captain of Guy's tennis six, played cricket for his county and was regarded as one of the best three-quarters playing rugby. But for a knee injury he would undoubtedly have been famous. Bent on a distinguished career in ophthalmology, he died at 36 from pulmonary embolism following a straightforward appendicectomy.

Two events from this period are worth recording. Guy's had played for many years on the common at Blackheath. In 1872 a ground was acquired at Nunhead but was too muddy and wet and a return was made to Blackheath. In 188 the club obtained a ground for playing rugby and soccer at Raynes Park. This was not entirely satisfactory because the changing-room was a cowshed with generous cracks through which the wind whistled, there was no water and the distance from the hospital was a great inconvenience. In 1891 the Clubs Union was formed and the present ground purchased at Honor Oak Park for the purpose of playing rugby, soccer, cricket, athletics and tennis. The ground was officially opened in 1893 by the Hospital President, Mr. Durham, in the presence of the whole consultant staff, many old Guy's men and students, and the Band of the Scots' Guards. The other event concerns the Cup. On the 15th March, 1898, St. Thomas's had won the Cup nine times in succession and were in the final again against Guy's. Their captain received a telegram that morning bearing a Borough stamp and containing the ominous warning, "Beware the Ides of March." Guy's won and according to *The Sportsman*, "there were scenes of indescribable enthusiasm as F. C. Wetherell, the captain, was carried shoulder high, holding aloft, amid tremendous cheering, the much-coveted silver trophy".

R. C. Mullins (Mull) from South Africa, was a magnificent leader of the scrum on that occasion and captained the side for two seasons, 1898—1900. F. W. Sime, the Scottish sprint champion, was on the wing, and also playing were F. L. Rae, F. D. S. Jackson, T. P. Thomas, H. A. Cutler and P. T. Manson. Manson, the young son of Dr. Patrick Manson, died tragically from a gun accident while investigating tropical diseases on Christmas Island in 1902. From this time on, Guy's took a definite place amongst London's first-class clubs. The standard of the players was very high and a substantial proportion played in representative matches. Amongst many distinguished players one must single out one of the greatest Guy's can claim, Teddy Morgan, who joined Guy's in 1899 and became one of the most brilliant of Welsh wing three-quarters. He played for Guy's until 1904.

1900's and Teddy Morgan

Teddy Morgan was "small, compact, agile as a monkey, had a wonderful kick and would tackle anything". He was extraordinarily quick off the mark and was very fast on the football field, with a beautiful swerve either way. He played for Wales sixteen times between 1902 and 1908, but will always be remembered for the historical try he scored for Wales at Cardiff on December 16th, 1905, to break the All-Blacks' winning record. This try was hotly disputed by the New Zealanders and even now it is possible to start an argu-



Season 1902-03.

E. H. B. Milsom. E. L. Ward. S. M. Saunders. L. J. J. Orpen.
A. M. Tolhurst. B. Glendining. W. G. Pinching. F. Alcock.
R. G. Anderson. E. M. Harrison (Hon. Sec.). A. B. O'Brien (Capt.).
P. F. McEvedy. E. Morgan. M. G. Louisson. F. J. Cutler.

ment in their country by mentioning the occurrence. In his first Cup match against St. Mary's the referee objected "to the vigour infused into the tackling", stopped the game and cautioned him for rough play. This much amused the players for he was by far the smallest man on the field. With Morgan in the Guy's three-quarter line were A. B. O'Brien, his centre, who according to Morgan was "wonderfully clever in all he did, a beautiful kick, drop or place, and blessed with the safest of hands"; P. F. McEvedy, a hard, low, deadly tackler and F. Alcock ("the Baron") a wing three-quarter weighing over 14 stone and only 5 feet 9 inches, "his path to the line was strewn with the bodies of would-be tacklers who were probably asking themselves if an avalanche had passed over them". L. J. J. Orpen, an Oxford blue, was also a speedy wing who scored many times for Guy's. E. M. Harrison was a first-class full-back. O'Brien and McEvedy were both New Zealanders. The forwards included R. C. Mullins, D. H. Trail, T. P. Thomas, H. A. Cutler, R. C. Lawry, S. McKay Saunders, A. H. E. Wall and A. Ralph Thomson, who later became genito-urinary surgeon to the hospital. In 1904 Morgan, O'Brien, Trail, McEvedy and S. Mackay Saunders toured Australia and New Zealand with D. R. Bedell-Sivright's team, and Morgan, O'Brien, McEvedy and McKay Saunders played for Kent when they became County Champions. The fixture card contained many teams no longer in existence, Lennox, Croydon, Kensington, East Sheen and Marlborough Nomads. In 1902 Guy's beat both Oxford and Cambridge. Many critics drew attention to the fact that it was so much easier to gain International honours from the 'Varsity sides or from one of the more "fashionable" clubs than it was from a hospital. And here was Guy's trouncing Oxford by 24 points to 8 on their own ground in the absence of their regular half-backs, O. V. Payne and M. G. Louisson, through injury! Of 19 matches played in the season, they won 14 for 187 points against 105.

Sixpenny "Gate" pays for Stand

In 1903 a sixpenny "gate" was introduced for rugby games at Honor Oak Park and such was the success of this venture that, with the help of the *Gazette* and the Clubs' Union, it was decided to build a stand. Work started the same year.

Following the Teddy Morgan era when the three-quarters were pre-eminent, the Guy's pack took over and became extremely formidable. In 1905–6 it contained three future England Internationals, H. A. Archer, A. J. Alcock (future president of Gloucester R.F.C.) and G. R. Hind. In the same class were H. R. Mullins (brother of R. C.), McKay Saunders and W. G. Pinching, a worthy son of "Nipper" Pinching of the seventies. H. Lee, Cambridge Blue and future English International, was full-back. On one occasion E. G. Slesinger, a regular member of the 2nd XV, subsequently Senior Surgeon to the Hospital, played at half-back for the first team. The side went to Paris and beat the Racing Club de Paris. This year scoring became firmly established and, with the exception of 4 points for a dropped goal, was as we know it now. In the following year, when every forward in the pack was a county player, they went to Bordeaux and defeated the Stade Bordelais team. The tour seems to have been memorable on account of the team's liking for the local wine and also because of an interview with the gendarmes over a large plate glass window which fell out of its frame and broke without anyone touching it. It was during this season, 1906–7, that Guy's, under the captaincy of the New Zealander S. McKay Saunders, took a leaf out of the 1905–6 All-Blacks' book and allotted fixed places in the scrum for the forwards. Although this was criticised as a tactic likely to cause delay it was soon followed by others, first of all in Wales and then universally. Once again Guy's were the pioneers of a development in rugby football that was to become accepted practice.

The Churn*

It was on Thursday, March 12th, 1908, that an event of great historical importance to Guy's took place. As the train from Waterloo to Richmond, crammed full with Guy's supporters on their way to the Cup match with the London, halted for a while at Vauxhall Station, a milk churn was "acquired" which has been the supporters' mascot from that day to this and is paraded at every cup final in which Guy's appears. The ringleaders in this exploit are said to have been N. S. H. Warner, R. Crowle (both dental), and A. C. Hancock.

In 1908 the team maintained its high standard, fielding four Internationals, J. P. Jones (Wales), Harry Lee (England), H. Archer (England) and G. R. Hind (England).

Much of the success of the team was due to the superb play of Jones who made many beautiful openings for A. L. Stokes, son of the famous "Lennie" Stokes of the seventies. Both Stokes and L. B. Stringer, an England reserve, scored many fine tries during the season. C. S. Lane-Roberts, also reserve for England, W. S. Stranack and G. R. Hind, who subsequently got their Engish caps, and H. R. Mullins were prominent in the pack. Five Guy's players were chosen for the Anglo-Welsh team to visit Australia, Jones, Archer, Hind, W. Morgan and P. F. McEvedy, who was vice-captain of the touring side. Guy's played 20 matches and won 14; they also regained the Cup, in the presence of H.R.H. The Prince of Wales. The next two years, with H. R. Mullins captain in 1909–10 and G. R. Hind (a superb hooker) captain in 1910–11, were equally successful and the Cup was retained. R. S. Kennedy, a Cambridge Blue, was unable to get into the first team at the beginning of the season, but his remarkably close dribbling due, he said, to his short-sight which prevented him from seeing the ball if it got more than a yard away, soon gained him a place. The captain in 1911-12 was C. H. Medlock, a brilliant outside-half. This was the first season at Guy's of Harry Millett, who was to play full-back for England after the war. On the small side, he played the game of his life for London against the South Africans in 1912; his fielding of a wet ball, kicking and tackling were largely the cause of the South African defeat. Three other Guy's men played in this game, A. L. Stokes, R. S. Kennedy and G. R. Hind, whose hooking time and again deprived the South Africans of the ball.

A new outside-half, L. R. Broster, an Oxford Blue from Grahamstown, South Africa, joined Guy's early in 1913, in time to help them beat London in the cup final; later in the year another South African, S. S. L. Steyn, a flying wing-three-quarter of Diocesan College, Rondebosch, came down from Oxford, but this year, the last before the war, the Cup was lost. Steyn played for Scotland. Later he, O. Parry-Jones, A. L. Liebson and E. F. Llavena were killed in action.

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*See Mr. Winston's article on p. 617.

Rugby during the First World War

At the outbreak of the war sporting activities at Guy's were suspended. A few games were played each year from 1915, mainly against service sides. F. A. Knott, later bacteriologist to the hospital, was a dashing wing-three-quarter; a South African, F. W. Reitz, showed how versatile he was by playing anywhere on the field. The games were arranged by C. L. Curle, helped by C. H. Medlock and Harry Millett, returned from Gallipoli. Others playing by 1918 included F. Bekker and C. Bekker, P. Krige, J. A. Currie, W. H. Cellier and J. Van der Merwe, all South Africans, D. J. P. (Pat) O'Meara, who was also captain of soccer, A. H. Shelswell and G. B. Dowling, later on the consultant staff of St. Thomas's.

Season 1921-22.

E. E. Neser. F. J. Biddle. E. H. Fouraker. W. H. Taylor.
P. G. Harvey C. L. Steyn. G. Zondagh. L. K. Watson.
R. F. H. Duncan. P. K. Albertijn. W. D. Doherty (Captain).
J. G. Van-Schalkwijk. F. W. Bekker. E. L. Sprong. A. K. Van-Niekerk.

The Brightest Years

The four years after the war 1919–1923 were undoubtedly the brightest in the whole history of Guy's rugby. For three of them the side was captained by the greatest leader of forwards the hospital has ever had, W. D. Doherty ('Doggie" as he was known then, or "George" later). He returned from the war to play in a few games at the end of the 1918–19 season, and then took over the captaincy of the team. In one season he was captain of Ireland, Surrey, United Hospitals and the greatest ever of Guy's sides. It is said that his cry of "Tally Ho!" or chastisement for a forward who was slow on the loose ball, could be heard clearly in the stand from anywhere on the field. What is more important, his leadership brought about the desired results. For this due credit must be given to all those who responded so well to his driving personality. Doherty himself regarded the 1921–22 team as the best and I give the Cup side in full: A. K. Van Niekerk, A. B. Daneel, P. K. Albertijn, J. G. Van Schalkwijk, C. L. Steyn, E. L. Sprong, F. W. Bekker, E. H. Fouraker, G. Zondagh, E. E. Neser, W. H. Taylor, L. K. Watson, F. J. Biddle, P. G. Harvey, W. D. Doherty (captain). (R. F. H. Duncan, a regular member of the team, could not play owing to the proximity of the International.)

The results for the four years are also worth recording:

Season	Played	Won	Drawn	Lost	Cup
1919–20	29	23	—	6	Won
1920–21	27	19	2	6	Won
1921–22	35	26	2	7	Won
1922–23	32	19	4	9	Won

The season 1919–20 blazed the trail for what was to follow. Harry Millett was full-back and was capped for England. His place, later in the season, was taken by W. J. Olivier. The brothers Krige, J. A. and P. J., were in the three-quarter line and J. A. played for England against Wales. There was so much adverse criticism in the Press against the England selectors for choosing a South African that no more were selected in the next few years, although there is no doubt that several deserved to be. This caused considerable comment at Guy's because the selectors seemed to have no hesitation in selecting Australians and New Zealanders. The prejudice came to a head in 1921-22 when an Englishman with a South African name was passed over for a trial by the selectors for a South African with an English name, although everyone at Guy's knew that the Englishman was the better of the two! W. D. Doherty played for Ireland and H. Graham-Davies was prevented from playing for Wales by a leg injury, although selected. He was capped the following year. C. L. Steyn, on the wing, was a great athlete. Given a chance with the line in front of him, he was through in a flash and his speed made him virtually unstoppable. He could run a hundred yards in ten seconds, and in the Inter-Hospital Sports won the 100,220 and 440 yards and the long jump. He also broke the Guy's record for the 220 and long jump. The halves were plucky and resourceful, Frans Bekker and J. Van Schalkwijk ("Goldflake" or "Goldie" as he came to be widely known). These two were regarded by many as being every bit as good as the famous English pair, Davies and Kershaw. They played together for the South against England but the prejudice against playing South Africans prevented greater honours coming their way. The pack was one of the biggest for many years and very speedy, with E. E. Neser, H. Van Zyl, C. Marais and F. W. Reitz, all South Africans. R. F. H. Duncan later played for England three times. G. E. Kidman and A. H. Shelswell (hooker) made up the eight.

Crowds at H.O.P.

Outstanding wins were against Oxford University 24 points to 3, the United Services 11 points to 3, Coventry 26 points to 10 and the London Scottish 34 points to nil. The Cup was won in a stirring game against Bart's by 6 points to nil in the presence of His Majesty the King, to whom the teams were presented before the game. Guy's success drew great crowds to Honor Oak Park and spectators were often turned away. To make sure of a seat in the stand, one had to be there three-quarters of an hour before the kick-off!

In 1920–21 the side was joined by P. K. Albertijn from South Africa. He was a truly magnificent centre, fast running, swerving, handing-off and selling his famous "dummy". He was also a sure tackler. His build, his pace and his cleverness made him one of the greatest three-quarters of all time, certainly the best in England for two or three seasons. It was the firm belief at Guys that had his name been Smith he would not have been omitted from the England side. However, he had to wait until 1924 for International honours and it was with some quiet amusement that Guy's took note of the fact that the captain of the Springboks, who twice beat the British Touring team in the Tests in South Africa, was none other than their own P.K.

Other newcomers were W. H. "Bill" Taylor, a hard and strong forward of international class, captain of Cornwall and reserve many times for England; and A. Daneel, full-back or three-quarter. The outsides Krige, Albertijn, Graham-Davies, Steyn, Bekker and Van Schalkwijk had tremendous scoring power, and in the season they piled up 602 points with only 96 against them. Wins were recorded against Gloucester, Oxford University, the London Welsh and the London Scottish among many others. On more than one occasion, every man outside the scrum was South African. H. Van Heerden played full-back, Daneel, Albertijn, Krige (J. A.) and Reitz at three-quarter and Bekker and Van Schalkwijk the halves.

The Cup was won against Bart's 3 points to nil, with J. A. Krige crocked early in the game.

W. D. Doherty

Doherty was captain again in 1921–22 when the fixture list was one of the longest ever, including matches against most of the leading clubs in the country. E. L. Sprong, another South African with very safe hands and an elusive run, came in at stand-off half to partner Frans Bekker, and Van Schalkwijk moved out to the centre with P. K. Albertijn. Daneel and Steyn played on the wings. Great crowds continued to flock to Honor Oak Park and a new stand was erected. E. J. (Charlie) Crisp (later in charge of the Department of Physical Medicine at Guy's) played full-back a few times. F. Biddle, E. H. Fouraker, L. K. Watson and G. Zondagh (hooker) established themselves in the scrum with E. E. Neser, W. H. Taylor and P. G. Harvey, R. F. H. Duncan and W. D. Doherty. The strength of Guy's was shown at Cardiff Arms Park, where they beat Cardiff 10 points to 8 before a crowd of 10,000 without the services of five regular players. E. J. Crisp played full-back and the deputies were A. Hirschberg on the wing and R. V. Cookes, N. M. Holloway and E. G. Hutchinson in the forwards. Only seven games out of 35 were lost and no London club defeated Guy's during the whole season, while 467 points were scored against 162.

Cup Rag, 1922

The Cup was won in an extraordinary fashion, Guy's beating the London by 42 points to 6. The game was preceded by one of the most hilarious rags ever and in the midst of it all the King arrived. "The revellers immediately surrounded His Majesty, hats and caps were doffed, cheers and shouts rent the air till suddenly a transformation took place, somebody started the National Anthem which was taken up by everyone on the ground." These were three great seasons for W. D. Doherty, who was to succeed A. R. Thompson as genito-urinary surgeon to the Hospital and later to become a great Medical Superintendent of Guy's.

P. K. Albertijn took over as captain in 1922–23 and Frans Bekker, vice-captain. Nine of the old star players had to be replaced. It is to the credit of the Junior teams that their places were satisfactorily filled by men such as S. R. Trick, G. R. Mostert, H. Finnemore, G. G. Cameron, N. M. Holloway, B. G. Scholefield, and G. Fellowes-Smith. Nineteen matches were won out of 32 fixtures.

The South Africans

There were now so many South Africans at Guy's that the committee, thinking that they would not be happy over the festive season unless they were playing their favourite game, arranged a Christmas tour for them in France. They drew with the Stade Francais and the Stade Poiteain. "Le Petit Parisien" said that the Guy's team "furnished a remarkable game, all the players handling excellently and introducing all kinds of variations into their play". In particular, the French singled out for praise, Albertijn, Mostert, Steyn and Van Schalkwijk. The Cup was won against Bart's 3—0 after a grim struggle. Albertijn was tackled hard twice early in the game. He was knocked unconscious the first time, returned and was carried off soon after. There was no score until four minutes from the end, when Frans Bekker hurled himself over for the winning try. The following day Albertijn departed for South Africa at the completion of his course. Guy's were sorry to lose such a charming personality against whom an unkind word was never said.

After four such successful seasons a lesser one was bound to come and it fell to the lot of J. Van Schalkwijk to spend the 1923–24 season training the new blood. Of twenty-seven games played, thirteen were won, eleven lost and three drawn; points for 285 and against 151. We lost the Cup in the semi-final 6—0 to Barts. Of the newcomers, P. D. B. Spence, a South African Davis Cup tennis player, was a great asset at full-back which position he shared with W. J. Badenhorst; John Durr, late captain of Edinburgh University, and W. ("Pop") Myburgh, an excellent hooker from Cape Town University, both also South Africans, arrived late in the season.

Late 1920's

Although there were several good forwards in N. M. Holloway,

B. G. Scholefield, E. H. Fouraker, G. G. Cameron, J. W. Schabort, G. G. T. Tregarthen, H. de Wet Vorster, E. W. Hutchinson and Eric Neser, the scrum never got going properly. As a result, three-quarters such as Steyn, Fellowes-Smith, Graham-Davies, Finnemore and G. Mostert did not do themselves justice. Van Schalkwijk captained the team again in 1924–25. He himself played centre and V. Preen took over at stand-off with W. Meissner or W. Hops as scrum-half. Most of the previous season's forwards were available and great wins were obtained over Gloucester (5—0), the Harlequins with Wakefield, Marshall, Davies and Brodie (16—0), London Scottish (16—0), London Welsh (3—0) and Blackheath (6—0). J. R. F. Popplewell arrived during the season and established himself in the side. Graham-Davies, after a lapse of four years was picked again for Wales. So high was the standard of rugby at Guy's that there were times when even he had difficulty in gaining his place in the 1st XV and often he had to play out of position on the wing in favour of one of the skilful South Africans. In the Cup we drew 3—3 with King's in the semi-final. They had three Internationals in the scrum, W. R. F. Collis (Ireland), R. Cove-Smith (England) and D. J. MacMyn (Scotland). Fortunately Collis missed an easy convert which would have given King's the match. In the replay the right wing of Graham-Davies and Fellowes-Smith were in tremendous form, scoring three tries, and Guy's won 14—3. In the final Guy's beat the London 7—0, a fitting tribute to "Goldie" the captain and his team of eleven South Africans, three Englishmen and a Welshman!

John Durr was a splendid captain in the less successful season of 1925–26. Fourteen games were won out of twenty-nine and good wins were obtained against Coventry, Blackheath, the Royal Air Force and Cambridge University. Among the forwards Nils Eckhoff (later Surgeon to the Hospital) played occasionally and G. G. Cameron, E. W. Hutchinson, W. H. Myburgh, J. R. F. Popplewell, C. Kurtz, J. W. Schabort, J. H. Cullinan, J. Visser and W. Radford played regularly. Outside, J. Van Schalkwijk was still playing and the others were chosen from G. Fellowes-Smith, F. H. B. Spence (Hector was a brother of Pat), C. L. Steyn G. Mostert and G. Clarke. At scrum-half there was either T. O. Garland, W. D. G. Jones or W. Hops, who also played in the scrum. P. D. B. Spence was full-back or stand-off half, in which event his place was taken by V. G. Boyle. We lost the cup final to St. Thomas's 5—0 (the first win by St. Thomas's since 1897). Van Schalkwijk was off the field for most of the game and St. Thomas's exploited the situation with high kicks to the full-back F. H. B. Spence (his brother Pat having gone to stand-off). A storm of protest followed the usual cup final rag and there was a strong attempt to dispense with it altogether because of damage to property and annoyance to the public. For the first time Guy's entered a team for the Middlesex County Seven-a-Sides competition and did well to be beaten in the semi-final by Blackheath 6—3.

End of an Era

The season 1926-27 saw the final break-up of the famous 1920–24 teams. Van Schalkwijk, Fellowes-Smith and Steyn all left Guy's. Dr. John Fawcett, who had been President since 1912 after

Sir Frederick Taylor handed over to Mr. F. J. Steward. G. G. Cameron was elected captain and he led his pack with enthusiasm and inspiration. Of thirty-four matches played, eighteen were won, including games against United Services, Portsmouth, Birkenhead Park, Bedford and Plymouth Albion. We won the cup, beating King's 10—0 in the final. Playing full-back was V. G. Boyle; on the wings, G. J. Clarke and A. J. D. Lewis; in the centre, H. F. Wilkinson and F. H. B. Spence; at half-back, Victor Preen and Tommy Garland, or W. D. G. Jones. At forward, Pop Myburgh was a top-class hooker and the rest of the pack consisted of C. D. (Pat) Malone, J. Durr, J. W. Schabort, J. H. Richmond, J. H. Cullinan, A. Simpson-Smith, L. Brown, D. S. Clogg, T. Morgan, J. D. Radford, and J. R. F. Popplewell, who was in the Kent side that defeated Hampshire in the County Championship. E. W. Hutchinson, an old Guy's man, was also in the Kent side.

Rebuilding with Popplewell

"Pop" (J. R. F.) Popplewell was faced with re-building the side for 1927–28 with some good material at his disposal, five teams playing regularly every week at Guy's. V. G. Boyle, P. D. B. Spence, A. J. D. Lewis and F. H. B. Spence were available as were Victor Preen and Tommy Garland, whose tall and frail-looking build did not prevent him from stealing round the scrum to score as many tries as any other scrum-half at Guy's. "Pop" Myburgh, A. Simpson-Smith, J. H. Cullinan, John Durr, C. D. Malone and G. G. Cameron were still at Guy's and B. G. Scholefield had returned after two years in America. Of the newcomers were D. F. Ryan from Cambridge, and a Welsh trialist three-quarter, T. G. Robinson (wing three-quarter), R. J. Eustace and I. K. Thomas (scrum and stand-off), T. Morgan (a wing-forward from Penarth) and R. A. P. (Rusty) Hogbin, an Old Pauline, who was to play a big part in Guy's rugby in the next few years.

Nevertheless, the season was a disappointing one, only twelve matches won out of twenty-six. These did include wins over the unbeaten Llanelli (14—3) at Honor Oak Park, the first time we had played them since 1913, Harlequins (3—0), London Scottish (12—0), Blackheath (9—3), and Gloucester (6—3). We were narrowly beaten 9—8 by Bristol away, in front of 10,000 spectators, the forwards playing the game of their lives. P. D. B. Spence made a great name for himself at full-back, fielding and kicking beautifully. Eight members of the team played in county matches. Tommy Garland was travelling reserve for England against Wales. To everyone's surprise Bart's beat us 5—3 in the semi-final, a defeat apparently so deeply felt that there is not even a report of the game in the *Gazette*.

Windsor Lewis and J. S. Batchelor

T. O. Garland was elected to be the 1928–29 Captain, but due to illness his place had to be taken by J. R. F. Popplewell, who was able to welcome the brilliant Welsh International stand-off half from Cambridge University, Windsor H. Lewis, and a forward from Otago University, New Zealand, J. S. Batchelor (later Orthopaedic Surgeon to the Hospital and President of the Club since 1960). Owing to injuries the first half of the season was disastrous, only two games being won out of fourteen. In the second half, however, wins were achieved at Birkenhead Park (14—8), Guy's being the first side to beat them on their own ground that season; against Gloucester (14—0) and against Rosslyn Park (13—3). The game against the Park was memorable, for prior to meeting Guy's they had twelve successive victories to their credit, and their defeat was all the more remarkable because G. F. Lashmore broke a rib in the first few minutes and Windsor Lewis had to retire injured in the second half. Two newcomers from South Africa were in the Guy's pack. T. Fichardt from the Transvaal and J. Kunovsky who had played in the front row for the Combined Cape Town-Stellenbosch Universities XV which defeated the All-Blacks in 1928. Guy's other achievements were to draw 18—18 with Cambridge University and to win the Cup by defeating the London 3—0 in the final. "Pop" Myburgh played for London in Germany against Hanover before he left for South Africa. Popplewell was selected, but could not play. Later in the season he played for London against Paris. Top try scorer during the season was T. G. Robinson on the wing with eleven, followed by a forward, Tommy Morgan, with six; Oliver Ive played in six matches and scored in five. R. A. P. Hogbin, who was to become a prince of place-kickers, converted twenty tries out of fifty-one and kicked three penalty goals.

1930's

The 1929–30 season was moderately successful and although we won only 12 games out of 28, we scored more points, 322, than were scored against us, 311. T. G. Robinson, by now an Irish trialist, was an inspiring captain and played on the right wing. It was being appreciated at Guy's with a certain amount of apprehension for the future, that St. Mary's Hospital were out to capture as many promising games players from Public Schools and from the 'varsities as they could. Birkenhead Park were beaten twice (11—6 and 19—4), U.S. Portsmouth (24—6), and Aberavon (on their own ground, 9—6). With a mid-field triangle of J. E. Giesen from New Zealand, the Welsh International Guy Morgan, late captain of Cambridge University, and Windsor Lewis, there were great hopes for success. "Rusty" Hogbin, a powerful back-row forward, was creating such a good impression that many were wondering why he was not in the England side. During the season he played in 27 games and scored 75 points, 3 tries, 24 conversions and 6 penalty goals. At full-back, Lewis Wailer, who had played for Durham, was an accurate touch-finder and a fearless tackler. He took over from T. A. Hale-Monroe and D. F. Ryan (Welsh and Irish trials). Robinson's centre was either J. E. Giesen, T. Fichardt or H. J. B. Atkins (now Professor Sir Hedley Atkins, President of the Royal College of Surgeons). On the other wing were A. G. Johnson or A. J. D. Lewis and W. Guy Morgan, or I. K. Thomas in the centre. Windsor Lewis or Gieson and J. Howell or R. J. Eustace were the halves. The pack consisted of J. R. F. Popplewell, D. S. Clogg, J. P. O'Shea, J. S. Batchelor, C. D. Malone, T. Morgan, J. Kunovsky, L. I. S. Campbell, K. P. Smith and A. R. Clarke. Three players were selected for the Barbarians

Welsh tour, Popplewell, Windsor-Lewis and A. G. Johnson; and three played for London against Paris, Popplewell, Giesen and Johnson. Johnson was the find of the year, a wing who possessed speed, swerve and a willingness to go for the line. "Pop" Popplewell had been playing regularly for Guy's since 1924; six foot one and thirteen stone, he was a great back-row forward, always doing something vigorous and thrustful. His qualities as a leader were of the greatest value to Guy's. He could be easily heard or understood, knew how to control or encourage and how to change tactics. Altogether he made 163 appearances for Guy's, including four cup finals. This year the cup had special signficance being the 50th inter-hospital competition. So far Guy's had been in twenty-nine finals, winning twenty-three. The thrust of our three-quarters made us strong favourites and hope in them was justified by the 18 points they scored against 9 by Bart's in the final.

Windsor-Lewis was captain for the next two seasons, 1930–31 and 1931–32, with J. S. Batchelor as secretary and then vice-captain. Guy Morgan, sad to say, gave up medicine and left Guy's. Walter Lewis became the new full-back in 1930–31; D. E. Ashdown established himself on the right wing with either T. Fichardt or I. K. Thomas in the centre; A. G. Johnson or G. A. Burrows and Jimmy Giesen forming the left wing. Windsor-Lewis was always ready for the cut-through or drop at goal. At the base of the scrum was R. J. Eustace or J. Howell and in the scrum J. P. O'Shea hooked; J. S. Batchelor, J. Kunovsky, J. R. F. Popplewell, R. G. Knight, T. Morgan, G. F. Lashmore and R. A. P. Hogbin were joined by I. G. Robin and L. B. Hilton. Thirteen out of 28 matches were won; Coventry (33—17), Richmond (9—3), Gloucester (9—3), Rosslyn Park (7—3 and 28—3), and Aberavon (9—8) being defeated. Hogbin continued in his scoring mood, converting no less than 26 tries and kicking 9 penalty goals (79 points). The cup was lost to Bart's 8—0 in the second round; Guy's learned how effective a spoiling game can be with the Bart's three-quarters lining right up and the loose forwards pouncing on every opportunity. In 1931–32 we fielded more or less the same team with the addition of P. C. Alexander, the Oxford Blue, who combined well with Windsor-Lewis, T. Fichardt and J. E. Giesen. We won against Plymouth Albion (9—6). Cheltenham (24—6), Coventry (11—0), Bristol (13—11), Richmond (14—3), Cambridge University (8—3), and the London Irish (26—13). Finally, we won back the cup by beating St. Mary's 16—7 in the final, with a newcomer, C. S. Darke, from Mill Hill School in the pack. R. A. P. Hogbin was again the outstanding success of the side, playing in every game except one, scoring 108 points out of a total of 295 and failing to score in only three of the games in which he played.

Rugby Scholarships

There had been a growing feeling among several Hospitals that the St. Mary's practice of awarding scholarships to games players gave them an unfair advantage and a meeting of the hospital rugby clubs was held to decide whether or not to continue the Inter-Hospital Competition. Fortunately the matter was settled amicably and the 1932–33 competition was played. Most of the previous year's players were available to T. Morgan, the new captain, a popular man and first-rate pack leader. After some experiments W. B. Clegg was played at full-back, C. G. Wright and P. C. Alexander on one wing and J. E. Giesen and A. G. Johnson on the other. I. K. Thomas came in at stand-off with V. H. Bowles at the base of the scrum. A. G. Heberlein, J. P. O'Shea and M. R. ("Gugu") Kark were in the front row, R. J. Drummond and Ian G. Robin were a tower of strength in the second row, while R. A. P. Hogbin, T. Morgan, A. R. Clarke and sometimes C. S. Darke, who also played prop when necessary, made up the back row. M. Walt, D. N. Leeming and T. A. Hale-Munro deputised on occasion in the pack; M. J. Lindsey and D. E. Ashdown at three-quarter. Fourteen matches were won out of thirty games played and the cup was retained. We beat St. Mary's 9—8 in the second round (Hogbin kicked two penalty goals) and Bart's 7—0 in the final. R. A. P. Hogbin continued his wonderful scoring feats by converting 24 tries, kicking 15 penalty goals and scoring 15 tries, a personal tally of 108 points! J. E. Gieson dropped 5 goals and scored 12 tries and A. G. Johnson scored 15 tries.

The captaincy for 1933-34 was in the capable hands of J. E. Gieson with P. C. Alexander as Vice Captain. Most of the previous year's back division and scrum were available. As the season progressed M. J. Lindsey took over the full-back position from W. D. Clegg and E. C. Sharpe. On the right wing Alexander and C. G. Wright became formidable; Alexander had a tremendous burst of speed with which he beat the defence and Wright had the elusiveness and determination to finish off the movement. They were both rewarded with an England trial. On the left wing A. G. Johnson was a fixture but either Gieson or a newcomer from South Africa J. Van A. Steytler ("Van") played centre or stand off. (He is now the leader of the Progressive Party in South Africa). D. I. Chapman came in at scrum-half. In the scrum A. G. Heberlein hooked and H. H. Crabb propped with M. R. Kark. Jimmy Giesen had a great season and was selected for the Barbarians' Easter tour to Wales. Fourteen out of 32 games were won, which included wins against Bath (10-8), Rosslyn Park (26-17), London Scottish (21-6) and Aberavon (11-10). Cambridge University beat us 8—6 with the Welsh wizard, Cliff Jones, playing for them.

In the cup, the inevitable eventually came to pass. St. Mary's beat us 11-9 in the semi-final after a replay. There was no score in the first game, but in the second, Tuppy Owen-Smith, the South African, and Chuck Henley, the New Zealander, both from Oxford, were too much for Guy's, and St. Mary's were repaid for their "rugger scholarships". This season was the last one for "Rusty" Hogbin, always conspicuous in the line-outs and the loose play, a superb place kicker, who in all made 172 appearances for the first fifteen during which he converted 158 tries, kicked 60 penalty goals and scored 26 tries; a total of 574 points! From Guy's he went to captain the Old Paulines and he can be seen today acting as touch judge and urging his men on.

Several new arrivals promised well for 1934-35 when I. G. Robin took over the captaincy. This was especially true of R. C. S. Dick, Scottish International from Cambridge, P. Fletcher, a young Cardiff forward, and A. ("Jock") Forbes, C. Ziervogel and G. J. van der Merwe from South Africa. Our three-quarter line of C. G. Wright and P. C. Alexander, R. C. S. Dick and J. Van A. Steytler with J. E. Gieson at stand-off, should have been one of the best in the country. However the team never settled down although they beat Gloucester (18—8) Coventry (6—3), Aberavon (13—6) and United Services Portsmouth (16—8); Only ten out of 30 games were won and the side must be regarded as a big disappointment. To cap it all Bart's knocked us out of the cup 7—0 in the first round by beating us forward and never giving our star-studded three-quarter line a chance. P. K. Hopkins became the regular hooker, E. R. Davies and C. Ziervogel the second row and P. Fletcher, R. O. Yerbury and T. A. Hale Monro the back row. K. A. Stanyon-Jacques and V. H. Bowles shared the scrum-half position. T. Fichardt returned from South Africa to play centre or wing and R. M. de Gregory, I. McD. Stewart or H. J. B. Atkins deputised. It was the last season of A. R. Clarke whose unbounded energy and backing up in the tight and the loose had served Guy's so well for five years.

Fire at H.O.P.

On a very hot afternoon on the 21st August 1935, the stand at Honor Oak Park was entirely destroyed by fire. A smaller stand was erected in its place. The playing pitch was properly drained, the Pavilion was enlarged and several hard tennis courts constructed. The opening ceremony was performed on January 29th 1936 by Mr. (later Sir Herbert) H. L. Eason, Vice Chancellor of London University and former Superintendent of the Hospital, and a rugby match was played against Cambridge University (which we lost 11—3). In the evening a most successful dinner was held to mark the occasion at Grosvenor House arranged by the indefatigable Mr. J. H. E. Winston, Secretary of the Medical School. It was attended by officials of the Rugby and County Unions and many past and present members of Guy's R. F. C.

Under the captaincy of C. S. Darke, Guy's faced the 1935-36 season without P. C. Alexander, J. E. Giesen and A. R. Clarke. The season, as judged by results was again a disappointing one, only ten out of 33 matches being won. We had two Internationals, R. C. S. Dick, who played for Scotland in all their matches, and E. S. Nicholson, who hooked for England against the All Blacks and Wales. Individually the members of the team were above ordinary merit, several playing for their county, but they failed to blend. Costa Halamandres, Universities and Hospitals light weight boxing champion from South Africa, one of a quartet of brothers who were to shine at games at Guy's, was full back. The three-quarter line was C. G. Wright, R. C. S. Dick, J. Van A. Steytler and D. M. Douglas, I. Mc. D. Stewart or R. M. de Gregory; the halves, R. D. Allen and K. A. Stanyon-Jacques; M. R. Kark, E. S. Nicholson and H. H. Crabb in the front row, E. R. Davies and E. B. ("Ted") French in the second and C. S. Darke, P. Fletcher, R. O. Yerbury or E. C. Sharp in the back row. S. M. ("Sam") Whitteridge and A. J. ("Jack") Drew made some appearances. We were beaten in the semi-final of the cup by St.

Mary's (the eventual winners) 11—3 largely due to the efforts of two South Africans, Bok and Owen-Smith.

Hopes for 1936-37 were soon to be dashed. R. C. S. Dick took over as captain and all the previous year's players were available. During the whole season we won only seven games. Although forty-two players appeared in the first fifteen, a sign that things were not going well. Newcomers who impressed were W. J. Lewis, brother of Windsor, at scrum-half, J. R. D. ("Digger") Williams in the second row and R. M. Sharpe at the back of the scrum. As the result of a favourable draw we reached the Cup final, only to be beaten again 11—4 by a strong St. Mary's fifteen. The team played well and Van Steytler dropped a goal. The poor results in the first half of the 1937-38 season and the large scores being run up against the 1st XV stimulated the Captain E. S. Nicholson, R. C. S. Dick and H. H. Crabb to write a letter urging immediate action and asking for advice. Many ex-captains and others wrote in to say that not enough interest was being paid to junior teams and that good Guy's players were turning out for other clubs. Dr. Arnold Alcock, the President of Gloucester, R.F.C. and former Guy's player and English International of 1906, wrote a heartening letter after the game against Gloucester. He said that the better side lost, but blamed lack of team spirit and a psychological inferiority for Guy's failure so far. Some improvement followed the arrival at Christmas of Louis Babrow, the Springbok International who toured New Zealand with the South Africans in 1936. It took him some time to settle down, however, and the season's results as a whole, were still poor, eleven games being won out of thirty-six. We reached the final of the cup, but were beaten again 18—0 by St. Mary's. Apart from Babrow, new names in the side included those of J. P. Crawford at full back, R. U. F. Kynaston, former captain of Bedford School, in the three-quarter line and C. Vidot, G. S. A. Sechiari, J. P. Rochford and P. D'O. Kolesar in the forwards.

George Winston

This year J. H. W. Winston relinquished the position of fixture secretary in favour of his brother George. For many years John had maintained a strong fixture list and was a familiar figure at Honor Oak Park helping to entertain our visitors.

It is sad to relate that, in spite of good intentions, fortunes did not change materially in 1938-39. R. C. S. Dick was elected captain but left after a few weeks. C. S. Darke was elected in his place but was only able to play in nine games and L. Babrow took over the leadership. There was some evidence that he was able to rouse the old fighting spirit, Guy's coming back into the game even when many points down, and several keen games were lost by only a small margin. Nine games were won out of thirty-one and we were beaten by St. Thomas's 6—5 in the semi-final of the cup. Once again a large number of players was tried, 42 appearing for the first XV. We find many new names, some of whom were to become well known later. A. E. M. Wiggins was a dashing wing-forward from Cambridge; J. M. Hanson, wing three-quarter, had broken the University of London 100 yards record; R. F. ("Dickie") Camp, another wing, with a rare turn of

G.H.R.F.C.

125th ANNIVERSARY MATCH

30th OCTOBER, 1968

GUY'S HOSPITAL

v.

WINDSOR LEWIS' XV

at

HONOR OAK PARK

Guy's Hospital 1st XV

1. D. R. Elliott

---

2. M. J. Novak
3. J. F. Price
4. J. R. M. Ross
5. A. N. Other

---

6. R. D. Barrough
7. A. N. Other

---

10. E. Neville
9. G. B. Hey
8. J. E. Davies
11. J. M. Cockburn
12. C. Neville
13. P. A. L. Williams
14. R. Blackwood
15. D. A. Curson

Both these teams are subject to alteration.

Dr. Windsor Lewis's XV

15.	C. J. Allan	Richmond
14.	M. A. Smith	London Scottish
13.	S. J. Dawes	London Welsh and Wales
12.	W. H. Raybould	London Welsh and Wales
11.	R. E. Webb	Coventry and England
10.	C. M. H. Gibson	N.I.F.C. and Ireland
9.	M. R. Heslip	London Irish
1.	A. L. Horton	Blackheath and England
2.	B. I. Rees	London Welsh and Wales
3.	B. E. V. Dovey	Bristol and England
4.	N. O. Martin	Harlequins
5.	C. Payne	Harlequins and England
6.	M. F. Doyle	Univ. College Dublin and Ireland
8.	A. Boyle	London Scottish and Scotland.
7.	C. Thorburn	London Scottish

speed for the line; R. D. Plowman a safe full back, P. C. Gartrell and J. H. Phillips at stand off, the latter having played for Swansea; J. S. ("Johnny") Breen-Turner who took R. C. S. Dick's place in the centre; H. Osmond hooker with D. N. Fuller on one side and C. Vidot on the other; and D. P. ("Paddy") Finnegan, John Bulstrode and Tom M. Renton, forwards.

War Declared

The season 1939—40 was a strange affair. All regular fixtures were cancelled owing to the declaration of war and matches were arranged with clubs who were continuing to play such as Rosslyn Park, Wasps and Metropolitan Police, with other hospitals and with service sides. Guy's students were scattered all over the South Eastern Sector under the Emergency Medical Services scheme, but they were only too happy to foregather for rugby in London on a Saturday afternoon. Louis Babrow was captain. Three South Africans arrived who were to play an important part in Guy's war-time rugby. They were M. R. ("Mick") Mullins and A. G. ("Ally") Albers from Oxford and the writer from Cambridge, who established himself as full-back in place of R. L. Skea. Babrow and Peter Gartrell formed one wing and R. U. F. Kynaston and D. W. F. Charlton the other. J. Van A. Steytler and P. D. V. Harrett from Llandovery School were the halves and Humphrey Osmond hooker, with Jerry Rochford and A. S. Carruthers as prop. I. R. D. Williams and John Bulstrode were in the second row and Mick Mullins, Ally Albers, and Tom Renton in the back row. Jacky Phillips played a few games at stand-off, a will-o'-the-wisp reminiscent of Cliff Jones, who, were he not so prone to injury, would have made a big name for himself. J. P. Crawford played a few dashing games on the wing and C. S. Darke deputised in the scrum when called upon. Twelve games were won out of twenty-two and for the first time since 1930-31 we scored more points, 300, than were scored against us, 257. The inter-hospital competition was left in abeyance. Roger Kynaston became captain in 1940-41 and 13 games were won out of 25. Dick Camp and Peter Gartrell were particularly successful on the wings, scoring 15 and 11 tries respectively. R. U. F. Kynaston and D. W. F. Charlton were in the centre. D. M. Strathie, Oxford University stand off, not unlike Windsor Lewis in looks and play, was the pivot on which the whole team revolved. He and his scrum-half partner N. I. Scott had an excellent understanding. Peter Harrett had been called up and was in the R.A.F. R. M. Sharpe (who was later to be drowned in a troop ship) hooked and had J. D. Everall and D. N. Fuller, and later A. B. Lee, on either side of him. Two big men, Ally Albers and J. R. C. Matthews (future English international) occupied the second row and Mick Mullins, Charles Vidot and Tom Renton were at the back. We played some excellent games against the hospitals and beat them all except St. Mary's. The New Zealand Army XV gave a fine exhibition of rugby and proved too strong for us. P. L. Brangwin, J. Breen-Turner, W. H. Lillywhite and A. C. Macrae-Gibson played some good games for the side. Mullins converted 16 tries and kicked 6 penalty goals. While the first fifteen was based on London, the A fifteen was run from Farnborough due to the enthusiasm of George MacVicar, Peter Maxted and David Gullick. Another fifteen organised by P. C. S. Campion and W. H. Whamond played regularly at Tunbridge Wells. We reached the semi-final in both the hospitals seven-a-side and the Middlesex County seven-a-side competitions losing 8—0 to Middlesex Hospital and 14—0 to Cambridge University.

With Peter Brangwin in place of R. U. F. Kynaston, who had gone into the Army, Mick Mullins had last season's team at his disposal for 1941-42. That it was so successful was largly due to the captain's inspiring leadership. Mick Mullins followed in the footsteps of his father R. C., who was captain from 1898-1900, and of his uncle H. R., who led the side in 1909-10. The family tradition was further maintained by his playing for the Barbarians for two years in succession. He also captained the United Hospitals and a representative London R.U. XV. He died later tragically from pneumonia contracted whilst on active service in Italy. Guy's won their first seven games, beating Oxford University and Northampton on the way, when they faced St. Mary's. They had scored 125 points to the opponents' 33. St. Mary's had the famous international triangle of T. A. Kemp, E. K. Scott and N. O. Bennett and it was with great jubilation that we won 7—6, following a last-minute drop goal by the writer. The return match will always be remembered by those who saw it for the remarkable way in which Mick Mullins completely stifled Tommy Kemp who was not able to get his famous three-quarter line moving and the way was paved for another narrow victory for Guy's 7—6. During the season 14 games were won out of 21. G. Hildick-Smith, who later won the British Amateur Squash racquets championship, deputised occasionally for Murray Strathie at stand-off, R. A. Dean hooked when R. M. Sharpe was injured and B. H. Wilshere, R. F. C. ("Sam") Manning, G. M. ("Tubby") Evans and R. R. ("Tris") Wooldridge sometimes played in the scrum. The best victory was probably that against London District which contained several internationals (including Haydn Tanner) county and Rugby League stars (who were permitted to play Rugby Union during the war).

The War Years

D. M. Strathie was captain in 1942-43. Both P. C. Gartrell and R. F. Camp had left for the Navy. Dick Camp had placed in 56 matches for Guy's and scored 39 tries. He was chosen for England in a war-time Services International, but was unable to play because of an ankle injury. Strathie had some difficulty in filling their places because both P. L. Brangwin and J. B. Kyle had to give up through injury. D. R. Edwards and R. H. N. Long were tried, and eventually J. N. Micklem and Angus Macrae-Gibson played on the wings with Neil Macrae-Gibson (his brother) and Strathie himself in the centre, D. C. Boyd deputising. W. H. Lillywhite played at stand off with R. D. Willcock or R. N. H. Vann at the base of the scrum. J. Ebsworth played one or two sparkling games in place of Lillywhite. The strength of the side was in the forwards, however. A. B. Lee became a first-class hooker and had B. H. Wilshere and R. G. L.

Brittain on either side of him. Ally Albers and A. Batty Shaw, a newcomer from Oxford University, were in the second row, and Mick Mullins, C. C. Vidot, S. M. Hilton and P. D. Harvey, the find of the season, were at the back of the scrum. When Mick Mullins departed for the South African Army, D. L. Gullick came into the scrum. Twenty-five games were played and fourteen won, for 282 points, against 171. The writer and A. B. Lee were selected to play for Thornloe's XV against the Barbarians. Lee was unable to play because of examinations.

Centenary Match Team.
W.-Cmdr. C. Gadney. A. C. Macrae-Gibson. R. A. Dean. D. C. Boyd.
D. L. Gullick G. Hildick-Smith. P. D. Harvey. P. Alexander.
C. Ziervogel. D. M. Strathie. C. Vidot. W. D. Doherty. A. B. Lee.
A. Batty Shaw. R. G. L. Brittain. N. K. Macrae-Gibson.
R. D. Willcock. E. W. Graham.

The Centenary

The honour of captain of the club in its centenary year 1943-44 fell to Alan Lee. As part of the centenary celebrations, three matches were played; Guy's Past against the Present, Guy's first fifteen against a representative London Rugby Union side, and Guy's against Past and Present Rugbeians, played on the historic close at Rugby School, where the game is reputed to have begun in 1823. R. A. P. Hogbin, still playing well, was captain of Guy's Past. They held their own until half-time, when the score was 5—3, but eventually lost 33—3. The Centenary match, which was the occasion of a great gathering of former Guy's Rugby players, is reported elsewhere (see page 616). Guy's managed to win their match against the Rugbeians in front of a large crowd, in spite of giving up D. M. Strathie and A. Batty Shaw to the opposition. Early in the season, M. R. Mullins, A. G. Albers and the writer returned to South Africa in order to join up. It was sad to learn later of the death of Ally Albers from a fall while he was climbing Table Mountain. During the season, D. M. Strathie, who played for Thornloe's fifteen, R. D. Willcock and G. Hildick-Smith left the hospital. The team was not very successful, winning only eleven matches out of twenty-six. E. W. Graham came in at stand-off, Carl Ziervogel appeared again as wing forward for Guy's, and D. L. Gullick, R. A. Dean, D. R. Edwards and I. H. Hilliam, P. J. Dwyer, D. G. Jones and P. S. Carton-Kelly also played. Alan Lee played for the Barbarians, and Eric Graham and Tony Batty Shaw played for London against the Dominions. At the end of the season, Mr. W. D. Doherty succeeded Mr. T. J. Evans as President of the Club.

Having dealt briefly with the history of the club in the first one hundred years of its existence, I propose to report on the next twenty-five years in much less detail because they are still relatively fresh in the minds of many.

After the War

After the war the South African influence at Guy's was felt once again with men like A. J. de Villiers, A. C. de B. ("Bull") Eksteen, John Keeling, Frank and David Le Clus, Piet Rademan, F. J. ("Kobe") Van der Westhuizen, F. Retief, W. J. Wolfsohn and A. Norman du Plessis playing a prominent part. Of these, Bull Eksteen, with his long spade beard, was one of the more colourful, and it was with great sadness that we heard recently of his death in a car crash. John Keeling hooked for England in 1948, and it is of interest to note that of four Guy's men who have been capped since the war, three have been hookers; Keeling, N. A. Labuschagne (England 1953 and 1955), who played mainly for the Harlequins, and W. T. Treadwell (England 1966), who was capped while he was playing for the Wasps. J. R. C. Matthews (England 1949, 1950 and 1952), second row and a great line-out forward, was also capped after leaving Guy's while playing for the Harlequins. It was with some satisfaction that in January, 1946, Guy's, having beaten Nuneaton, Leicester, Rosslyn Park, Wasps, Richmond-Blackheath, and drawn with Cambridge University, played Harlequins for the last time at Twickenham and beat them 10—8. The 'Quins refused to give us another fixture because they considered we were not good enough! The cup final, which unfortunately, we lost to St. Mary's, was played that year in front of the King and Queen. The writer and that splendid wing forward, Mike Hatton, represented London against the Kiwis. Also in the team then were Dave Potter, now in Australia; Bruce Cole, Oxford heavyweight boxing champion; Ken Heber and David N. H. Owen on the wings; A. G. McCallum and R. A. Dean, Murray Strathie and P. D. V. Harrett.

Harry Brunow, who played at stand-off for the Springboks, came to Guy's early in 1947 as a postgraduate from Cape Town, and was therefore not eligible to play in cup matches. He took the place of Murray Strathie, who became severely ill and recovered after several abdominal operations only to die tragically from serum jaundice some time later in 1948. Brunow was captain for two seasons, 1947-48 and 1948-49 (the year a dropped goal was reduced to three points). He himself was completing his training as a thoracic surgeon when he died of leukaemia before he was able to return to South Africa. During the first year of his captaincy Guy's won the cup in 1948 against St. Mary's. In addition to most of the South Africans mentioned above, Noel Malyon, B. M. Gray, T. K. Walker, Alan Lee, Peter Harrett, D. F. Cottier, Bruce Cole, Mike Hatton and the writer played.

Cup Final Incident, 1949

The following year an extraordinary incident took place. To reach the cup-final, which was once more against St. Mary's, Guy's had had to play the Middlesex three times in the semi-final, drawing the first two games. With only a minute or two to go in the final with St. Mary's, Guy's were in the lead 5—3. The excitement was intense. B. M. Gray on the wing, had to throw the ball in from touch, but it took him a while to find it among the milling, cheering spectators. When eventually he appeared with the ball, Arthur Rees, the referee penalised him "for deliberately wasting time". Guy's withdrew to their goal line and waited anxiously for the place kick from the touch line by Beatson. (At that time it was not allowed for the kicker to touch the ball after the kick until it had gone forward ten yards.) Beatson, however, tapped the ball with his foot and ran like a hare *behind* a group of spectators who were standing on the field, and he touched the ball down in the corner without a Guy's player laying a hand upon him. To everyone's amazement Arthur Rees awarded a try to St. Mary's and the cup was lost. It was open for Guy's to protest to the Rugby Union, but because it was rumoured that St. Mary's were going to share the cup, no protest was made. An offer of a replay was declined and St. Mary's kept the cup.

Playing at the same time as Brunow, was the Australian international wing forward, D. H. ("Doug") Keller, who also came to Guy's for postgraduate training. He played for the London Scottish as well as Guy's, and was capped for Scotland seven times in 1949 and 1950. B. M. Gray, who joined Richmond on leaving Guy's in 1950, was one of the most forceful wing three-quarters who have played for the hospital. He was a regular member of the side for five years. It is a mystery why he was never selected for England. W. Gwyn Davies was a fine line-out and loose forward, who captained Guy's for two seasons 1949-50 and 1950-51. David Le Clus scored many tries on the wing for the hospital before he moved to full back, where his kicking was a great asset.

1950s

The results from the early 1950s were not so good as previously, though many games were lost by only small margins, and notable wins were obtained from time to time. On average, the hospital won about one-third of its matches in each season, and points against were always more than those for. Guy's tended to have good forwards such as Jimmy Kirkbridge, D. K. Fairweather, Hubert Meredith, C. W. Pook, A. A. Craigen, Bill Lund, N. W. Glendinning and A. Van den Berg ("Van"). W. J. Howells at full back, was outstanding. For some years from 1953 an attacking midfield triagle of G. W. Hackett (later of the London Irish). Max Lindsey and Dick Hawley made a great difference to the three-quarter line, all three playing for their counties. In 1953, S. A. R. ("Stan") Cooke arrived from South Africa. He dominated the scrum from the back row and the line-out for some years, and was made captain for two seasons, 1954-55 and 1955-56. During this time, J. D. ("Des") Carroll was playing very soundly at full back, and N. A. Labuschagne was hooking most successfully for the hospital. They were joined by two outstanding wing forwards, M. A. H. Russell, another South African, and D. A. Lillicrap. Containing individual players of talent, these sides had considerable potential on paper, but although they reached the heights on occasion, they were not consistently good for various reasons to be mentioned later.

The Guy's Cup in South Africa

In 1955, Guy's were in the cup final for the first time for six years. They drew with St. Mary's once in the semi-final, and won the replay, only to lose 9—3 in the final to the London. Later in the year the President, Mr. H. J. B. Atkins, in a ceremony at Groote Schuur, presented "The Guy's Cup" to the Universities of Cape Town and Stellenbosch. This cup was given as a token of friendship from past and present members of Guy's R.F.C., and is competed for annually by the two Universities. Attending the ceremony was the Cape Town rugby coach, Dr. Louis Babrow, Guy's captain in 1939-40.

"Royal" Visit

Guy's reached the final of the cup again in 1956. This presented John Zorab, one of a quintet of brothers who all qualified at Guy's, with a glorious opportunity of providing some royalty to attend the match. The whole plot was conceived and executed within twenty-four hours of the kick-off. At ten minutes to three on the day of the match, H. H. Princess Christina of Schleswig-Holstein, in a wide brimmed Ascot hat (Miss Bain, a first year dental student), the Dowager Countess of Blakeley (Mrs. Zorab, the very game mother of the family), a lady in waiting, and two private secretaries were assembled in a hired Rolls Royce at Richmond station. Their arrival at the ground threw the United Hospitals officials (of which the writer was one) into a complete panic. They had made no preparations to receive the Princess because when they had been informed the day before of Her Highness's wish to attend the game, they had cunningly telephoned the German Embassy and had been informed that there was no such person in England. Nevertheless, here she was! "Wait till I tell the German Embassy what I think of them" said the President, Mr. Alec Palmer, of King's, to the Treasurer, Mr. Scotty Law. Part of the front row of the stand was hurriedly cleared, but to make matters worse the Private Secretary complained sharply that the Princess expected the privacy of the Committee Box. This in turn was duly cleared of consultants and their wives and the Royal Party installed. Many of the finer points of the game were explained to the Princess by the Guy's President, whose pipe remained unlit at the request of her Highness. She was entertained to tea (which was intended for the consultants) at half-time, and invited to give the cup away at the end. The match, which was against St. Mary's, unfortunately ended in a draw, so the cup was not presented. At the end of the game the Royal Party were prepared to escape into the crowd because they had not been able to afford to keep the Rolls waiting. However, to their amazement, it was ready in a position to receive them, and they drove off in style, quite undiscovered except for a few fellow students, who kept quiet. The chauffeur had received an order to be somewhere at four-thirty, and mistakenly thought it was to be at Richmond. Credit must be given to Mrs. Zorab, who behaved with great dignity throughout and gave the Royal Party an unquestionable air of authenticity. The Princess did not appear at the replay which St. Mary's won 16—0. Playing in the team were two fast wing three-quarters, Colin Evans and John Leyshon. Dick Hawley was in the centre and with him were M. Lindsey and G. A. Hackett. L. Phelps was scrum half. In the scrum were J. Van den Berg, M. Russell, D. M. Smith, H. Meredith, T. A. H. English, Stan Cooke (captain) and A. Buirski. Dick Hawley was captain in 1956-57, and he was followed for two seasons by Aubrey Buirski, a bullocking back-row forward who came to Guy's from the home of Dr. Danie Craven, Stellenbosch, South Africa. At the beginning of the 1957-58 season, Buirski wrote a letter to the *Gazette* accounting for the failure of Guy's in recent years as being due to apathy, lack of discipline within the club, and a low standard of physical fitness. Pointing out that Guy's rugby was at the cross-roads, he called for team spirit and summer training to overcome these deficiencies. He also arranged for Danie Craven to conduct a training session and to talk to a large and appreciative audience in the Physiology theatre. These efforts were rewarded by a better season, but the cup eluded us again, St. Thomas's beating us 6—3 in the final. In 1957-58, Buirski had with him in the scrum, W. Mike Patterson, Cambridge University hooker, Derek Richards prop, and Peter Harris and Barry Blackwell, who were to remain together as a tower of strength in the second row for several years; in 1958-59 he had D. R. A. Lloyd-Edwards (later to captain the Navy) and Ian Baker at wing forward, V. E. Egwuatu and Derek Biggs on the wings, Dick Hawley and C. J. Wright in the centre, N. F. Boyd and J. R. D. Nicholas at half-back, and K. M. Pagliero at full-back. It was with great sadness that we heard recently of the death, in South Africa, of Aubrey Buirski and Frank Le Clus from coronary thromboses.

1960s

Barry Blackwell was captain in 1959-60, and Terence English in 1960-61. A South African with a B.Sc. in engineering, English first played for Guy's in 1955. Undecided about his future, he spent two years prospecting in the Yukon before returning to Guy's in 1957. Mr. J. S. Batchelor succeeded Mr. H. J. B. Atkins as President. To Blackwell's team-building and English's leadership must be attributed Guy's success in the cup in 1961. They had some difficulty in beating Bart's in the second round, being held to a draw before winning the replay. Against the betting, Guy's beat St. Thomas's 9—6 in the final. The incredible hooking of Bill Treadwell, aided by J. Hockey and A. Knight, Blackwell and Harris collecting the ball in the line-outs, the back row work and lethal spoiling of Cooke, English and Lloyd-Edwards, meant constant possession of the ball for Norman Boyd and Mike Murray to use the touch line and take the heart out of the opposition as planned. Determined running by Derek Biggs and Egwuatu got them inches from the line several times, and it was Biggs who dived over for the winning try. *The Times* seemed to capture the spirit of cup rugby when they reported: "As always, and particularly where Guy's are concerned, the preliminaries to the match were violent and noisy. It was the Guy's pack who dominated the course of the match. Sometimes they were almost terrifying, and every single one of them played a heroic part, although it was as a convulsive yet co-ordinated unit that they did their damage. In tight, loose and line-out they were dictators, as it were, picking up their opponents, shaking them till their teeth rattled, and then throwing them away ".

Biggs and Egwuatu were among the best wing three-quarters in the country. "Eggie", a Biafran, learned the game at Guy's, was fast and heavy and in full flight almost unstoppable. Unpredictable, he even surprised himself on one occasion when running for the line he found his way blocked, attempted a cross kick, and dropped a goal a few yards out from the corner flag.

Weaker Fixtures Rejected

At the Annual General Meeting of the club, in 1960, the Fixtures Sub-committee, claiming that repeated heavy defeats were bad for Guy's, recommended that some of the stronger fixtures should be dropped and weaker ones substituted. This was rejected by a narrow majority. Barry Blackwell, in the *Gazette* of 13th January 1962 gave various reasons why he thought that the standard of Guy's rugby had declined and repeated the advice to reduce the strength of the fixture list. As examples of consistently poor results over ten years, he mentioned no wins out of ten matches against Cambridge University, one win out of seventeen matches against Aberavon, and two wins out of eighteen matches against Coventry. Blackwell's letter stimulated a lively correspondence from past and present Guy's rugby players. Some agreed with him and others did not. It is perhaps fortunate for the players taking part in the present revival that not too much heed was paid to these entreaties.

Adrian Lloyd-Edwards led the side in 1961-62 and 1962-63, Ian Baker in 1963-64 and 1964-65, and John Davies in 1965-66. In spite of the efforts of these fine players and others like Peter Peace, J. M. Cockburn, C. Neville, A. Kingdon, R. Stansfield, Roger Brown, Hugo Sharp, E. S. Price, D. Gourley and J. D. Bryant; of Bob Myall, Arthur Morris, John Ross, Ashley Edgar, Peter Swift, Hamish MacGregor, M. D. Murray and Brian Rowlands; of Ian Morgan, "Eggie" Egwautu, Derek Biggs, Chris Wright, John Hockey and Bill Treadwell, the results were disappointing. 1965-66 seemed, however, to be the turning point. It was the first time for many years that we won more games than we lost, and we also won the cup and the

United Hospitals Seven-a-side tournament. Having fought one drawn game, Guy's beat St. Thomas's in the cup final replay 3—0, Brian Rowlands going over for the only try. Guy's had therefore won the cup 29 times, 12 more than their nearest rival, St. Thomas's. Dave Elliott was outstanding at full back, Kingdon and Peace were superb in the line-out, and J. M. Cockburn, H. C. Sharp and Charles Thorburn carved up the opposition from the back row of the scrum. Max Lindsey, back at the hospital to do anaesthetics, played a sound game in the centre. Bill Treadwell, playing for the Wasps, was capped for England. Charles Thorburn, who came from Oxford University, played in the Scottish Trial, for the Barbarians and for the British Universities XV. Incidentally, the writer, while President of the United Hospitals R.F.C., played in a match for the first fifteen at the end of the 1966 season, twenty-seven years after his original appearance for the side in 1939. This, he claims as a record, together with the fact that in 1949 he played in the cup competition after being appointed to the consultant staff of the hospital.

Last two Seasons and the arrival of Hugh Burry

The last two seasons in this review 1966-67 and 1967-68, both while the team was under the captaincy of Charles Thorburn, were the most successful since the famous early 1920's. Not since 1920-21 has the team scored more than five hundred points. The results are worth recording:

1966-67. Played 34, won 23, lost 10, drawn 1. Points for 502, points against 227.

1967-68. Played 31, won 20, lost 10, drawn 1. Points for 556, points against 146.

The marked improvement in the rugger at Guy's is in no small measure due to the enthusiastic coaching of Dr. Hugh Burry, recently appointed Consultant in Physical Medicine at the Hospital. He played for the All Blacks in 1960 and toured South Africa with them. He came to Guy's in 1966 to complete his training in physical medicine and straight away took a keen interest in Guy's rugby. With an emphasis on fitness and discipline his enthusiasm has been infectious and he has moulded a group of very talented players into a remarkably effective unit. What is even more important for the future he pays particular attention to the junior teams and while there are seven sides with regular matches on a Saturday he should not lack for material.

In 1966-67 the full back was Dave Elliott (who once reached the 9th green at Wentworth, a distance of 525 yards, with a driver and a seven iron on a wet day). Willy W. Davies was a deputy with a remarkably good place kick. J. M. Ross was one wing three-quarter, who, on his day, is as good as any in the country, and Ian Morgan, on the other wing, is a champion hurdler. The centres were the elusive R. J. Beacham and the forceful D. J. Osborne ; the halves were Brian Rowlands and Peter Swift, each a potential match winner. In the front row were John Davies in his fifth season, G. B. Hey, the

Kent hooker, and A. J. Kingdon; J. M. Cockburn, C. G. Neville or P. K. Peace in the second row, and D. A. Curzon, H. C. Sharp and C. W. Thorburn at the back. One of the highlights of the season was the second successive win 8—3 over Gloucester in the presence of their President, Mr. Arnold "Doc" Alcock (Guy's 1903-07). We fared badly in the Senior cup, but won the Junior cup. At the end of the season a successful tour was made in the North West, and games played against Waterloo, Fylde and Vale of Lune.

1967-68 was even better. For the first time for many years, we beat Cambridge University 8—0. We were successful also against Bedford, Wasps and Nuneaton. The team was similar to that of the previous season with the exception of J. Novak, a powerful runner who has played for the Harlequins on the wing, M. Cheesborough and J. F. Price in the centre, G. C. Voss deputising for the injured Hey with J. Stoneham acting as prop and M. Forbes coming into the back row. One of the biggest disappointments was our losing the cup final to the London, 6—3. Guy's camped out for the whole of the second half in their opponents' twenty-five, but were unable to penetrate a heroic defence. Although the Hospital seven did not reach the finals of the Middlesex Sevens, they did well to lose to Harlequins in the final of the Esher Sevens.

During the season, Charles Thorburn was captain of Middlesex when they beat Warwickshire for the County Championship, and he played in another Scottish trial. Novak, Swift, Hey, Price, Beacham, Peace and Neville also played for their county. In the United Hospitals Centenary Match, W. T. Treadwell, D. A. Biggs, J. A. Edgar and J. E. Davies played for the President's team, and Elliott, Neville, Price, Rowlands, Swift, Thorburn and Willy Davies played for the United Hospitals.

In one of the very last games of the 124th season, Guy's scored 80 points off the old Haberdashers without three of their regular players. This is believed to be the highest score ever in a first fifteen match. Let us hope it means well for the future of the Club.

In writing this short history of Guy's R.F.C. I have referred repeatedly to old *Gazette's* and I have quoted freely from Dr. Alfred Allport's article in the Bicentenary Number of the *Gazette* January 6th 1925. I have also been much helped by a manuscript prepared by the late Mr. G. A. R. Winston which was never published.

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THE CENTENARY

1943

In the dark of war-time England, the Centenary of the Club was celebrated by holding three matches, the first of which was a beginning of season game against the Near Past. The present had little trouble in dispensing with the "old lags" by 33 points to 3. The Past contained many good players and were the first to score, but this psychological advantage was insufficient to carry them through the game. As a report in "The Times" said, the Guy's XV showed much promise for a successful Centenary Season.

On November the 27th, the main attraction of the year was held, when the Guy's XV were beaten by a very powerful London Rugby Union XV. This team contained two internationals and many other representative players, yet they were held in what was a very tense and exciting match until the dying minutes. The London Union scored from a scrum on the Guy's line, and the referee had to award the try although he informed them, "You don't —— well deserve it"!

Many of the old and well-known names of Guy's Rugby, and also English Rugby, survived the rigours of war-time travel to reach the game. The crowd was reckoned to be of the usual pre-war quality and quantity. Similarly, the meal for 80 people in the Pavilion at H.O.P., after the game, where many memories were stirred by the speakers—Mr. W. D. Doherty, the President, Dr. Teddy Morgan, Dr. A. Alcock, Mr. Tom Voyce, among many others.

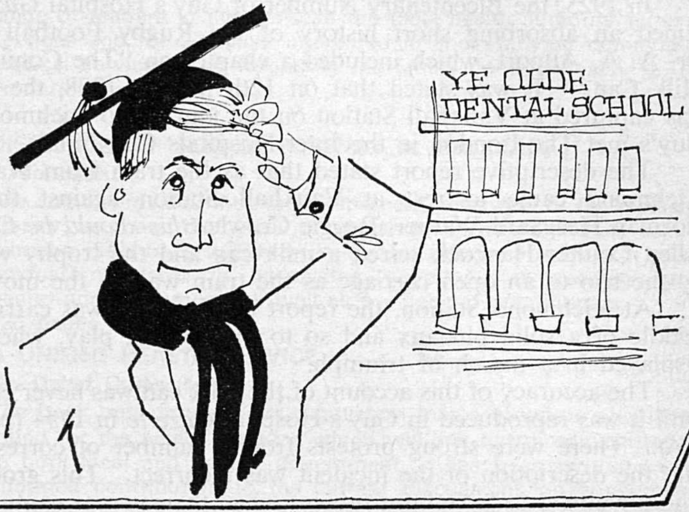
The celebrations continued with a dance at the Grosvenor House on November 30th. There were protests by a few at the extravagances of these young students while a war was going on, to which they should have been devoting all their efforts. The correspondence column of the *Gazette* was quite heated at times, and the final, majority view was that there should be some relaxation for these young people who were giving all the rest of their time to King and Country.

The final fling by way of commemoration of the auspicious event was a match played between Guy's and Past and Present Rugby School, which was played, most fittingly, on the Close at Rugby, on December the 4th. On what was a perfect day the Guy's team proved the stronger and so won their match 12—6. Once again a dinner was held, this time provided by the headmaster of Rugby School. Several of Guy's consultant staff, both at the Hospital and in the Armed Forces, were present, to round off the trip to the home of Rugby football.

In the depths of war it is hardly surprising that many who would have liked to have been present found it impossible to attend, consequently the Rugby Club's celebrations were rather small, select affairs. Now, twenty-five years later, a suitable milestone has arrived at which, in these more light-hearted days, all who know the Club can flock back to the fold and rejoice.

I.M.M.

AFTER GRADUATION... WHAT?



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THE MYSTERY OF THE MILK CAN

by G. A. R. Winston

In 1925, the Bicentenary Number of Guy's Hospital *Gazette* contained an absorbing short history of the Rugby Football Club by Dr. A. A. Allport, which included a chapter on "The Coming of the Milk Can." It was stated that on 12th March, 1908, the milk can was captured at Vauxhall Station on the journey to Richmond, when Guy's met The London in the Inter-Hospitals Cup Final.

The descriptive report stated that as the train from Waterloo to Richmond came to rest at Vauxhall Station against the signals, Norman Heegaard Warner, Reggie Crowle (*this should be Curle*) and Allen Coulter Hancock seized a milk can and the trophy was borne by the trio to an open carriage as the train was on the move.

At Richmond Station, the report continues, it was carried in the middle of a solid phalanx and so to the field of play, where it was displayed in a march of triumph.

The accuracy of this account of the milk can was never challenged until it was reproduced in Guy's Hospital *Gazette* in 1954 (pages 353-354). There were strong protests from a number of correspondents that the description of the incident was incorrect. This group, all of whom claimed to have been present when the can was captured, were emphatic that it happened at Vauxhall Station on the journey from Richmond to Waterloo, and 1909 was the year generally agreed upon.

The correspondence was led by F. C. Hunot (Guy's Hospital *Gazette,* 1954, **68**, 395), who said that he was inspired to write as true an account as possible because the one that appeared in the Bicentenary Number was palpably incorrect, and it was ridiculous to state that the train from Waterloo to Richmond stopped at Vauxhall only a few hundred yards away, and that the can was taken to Richmond.

On the contrary, he said, it was the practice at that time for local trains going to Waterloo to stop at Vauxhall for ticket collecting, and this procedure took some time and was thorough. It was during one of these stoppages, Hunot declared, that Jim Mudge, a large Cornishman, jumped out of the train and carried the selected *churn* into the compartment, and claimed that Mudge was the originator of the idea. He thought Guy's won the cup the year this incident occurred.

NOTE: Guy's lost to The London in 1908; beat Middlesex in 1909, having beaten The London in the semi-final, and beat The London in the final of 1910.

Of those in the compartment on this occasion, Hunot was not very certain, but thought Allen Hancock was there with G. D. Eccles, as they were always together, and possibly Reggie Curle.

(First published in the *Gazette* in March, 1966)

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Hunot gave a descriptive account of the procession from Waterloo to Guy's under police escort, when the *churn,* as he called it, which had started on almost ground level for concealment, was proudly hoisted shoulder high. On reaching the hospital the *churn* was placed on the bracket in the smoking room, where the cup rested when at Guy's, but later was relegated to the Pavy Gymnasium and soon forgotten.

This was followed by a communication from Norman Stephen Heegaard Warner, who claimed that he and W. E. (Bill) Tanner, with a number of medicals and dentals, were the *robber band,* and that they were in the next compartment to Hunot.

He agreed with Hunot's description of the triumphal march back to Guy's, but persisted that the milk can was captured on 12th March, 1908, at Vauxhall Station on the journey to Richmond, when the train stopped against the signals. It was taken under student escort to *Old Deer Park* from Richmond Station before the match in which The London Hospital beat Guy's.

Heegaard Warner described other incidents of that memorable day which may be of interest to support the accuracy of his claim. He mentioned, in a personal communication, that The London Hospital supporters marched on the ground wearing police helmets, and in the ensuing struggle with Guy's supporters, Heegaard Warner claimed a helmet as a trophy. Also that evening, he continued, the suffragettes raided the House of Commons, and next morning the courts were busy sentencing the many ladies ot terms of imprisonment.

There appears to be strong support for Heegaard Warner's claim because, in Guy's Hospital *Gazette* (1908, page 102) "Passim" wrote as follows: —

> " *We join our wishes with those of the gentleman with a blatant voice and huge megaphone who, seated on a milk can, asked the world in general who would win in* 1909, *and then, with a voice Tartarean in its intensity, informed the aforesaid world in general, and the Richmond railway porters in particular—Guy's.*"

The mystery of the milk can deepens with the statement of Alan V. Moberly, a member of Guy's XV. He disagreed with many of Heegaard Warner's statements and was convinced that the milk can was captured in 1909 on the return journey from Richmond, and never saw Richmond till 1910, when it was hung on the goal posts.

Moberly agreed with Heegaard Warner over the policemen's helmets and descirbed the arrival of The London students in open top buses. As they pulled up by the high walls, a horde of policemen, so it was thought, leapt down from the walls and were chased by the unfortunate gatekeepers to try and get their entrance money. Enquiries at The London Hospital have failed to confirm this amusing incident, although a number of London men of that time have been consulted.

A further remark by Moberly was that the late King George V, then Prince of Wales, was present, and " he thoroughly enjoyed the rag which followed."

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NOTE: In the 1908 final between Guy's and The London on 12th March, Royalty is not reported to have been present.

In the 1909 semi-final between Guy's and The London on 24th February, Prince of Wales attended.

In the 1909 final between Guy's and Middlesex on 16th March, Prince Francis of Teck was present.

In the 1910 final between Guy's and The London on 9th March, Prince of Wales attended.

Moberly was convinced that 1909 was the year the milk can came to Guy's because that was the only year he did not play in the final.

NOTE: *Moberly came to Guy's in October,* 1907; *played in his first final in* 1908; *did not play in* 1909 *as he was injured, but played in the other finals while at Guy's, so he was a spectator in* 1909.

The next letter in the *Gazette* was from Reginald Curle, who said, as one originally concerned with the capture of the *Milk Churn,* he agreed that the contents of Alan Moberly's letter was perfectly correct.

Curle also described the stoppage of the train at Vauxhall for the collection of tickets, and it was during this wait that he and Bill Hancock jumped out, took the *churn,* and were hauled back into the carriage by Jim Mudge. Amongst others in the compartment were Alan Moberly, Jamie Stewart, Pinkie Hunot, G. D. Eccles and possibly Christopher Dean.

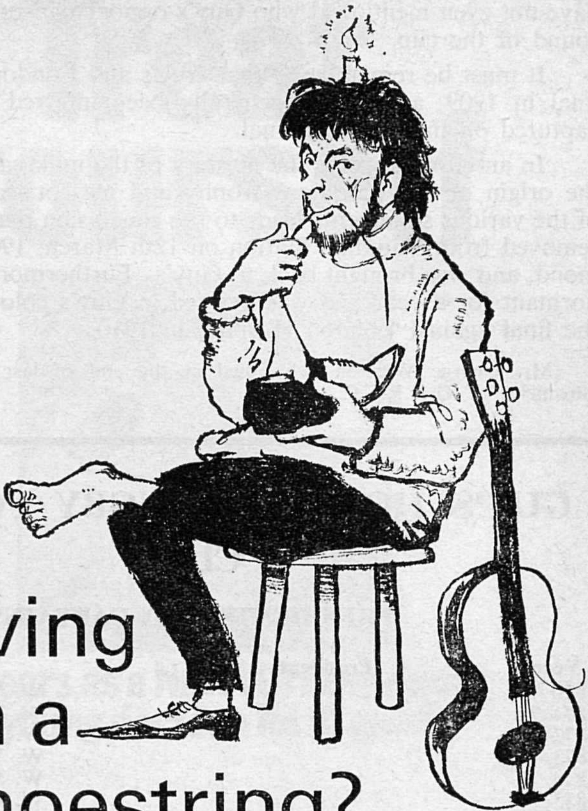
The next correspondent was Harry J. Hoby, who agreed entirely with Moberly, and that he was in the same compartment. He had also met Bill Hancock, who agreed with Moberly in all details. He also said that Hancock mentioned that the name should be *milk can,* although the word churn had been used for many years.

NOTE: *Harry J. Hoby was a member of the Rugby XV and played in the finals of* 1908 *and* 1909.

In a personal communication, Allen Hancock said that in his day the trophy was always known as the *milk can,* and that it was he who actually took the can, and Reggie Curle helped him to carry it and force it into a packed carriage at Vauxhall Station coming up from Richmond. It was all a bit of fun on the spur of the moment, and the can was taken back to *The Spit,* the lower smoke room of the College. He was not certain of the date, but thought it was 1909. In a later communication, Hancock thought the can might have been taken from Vauxhall in 1908 and that it remained dormant for a year and was taken to Richmond in 1910. Who took it to Richmond, Hancock was not sure, but he had the pleasure of hanging it to the crossbar, as will be seen in the picture taken by the *Daily Mirror.*

The first date inscribed on the milk can is 1909, but this does not necessarily mean that the milk can came to Guy's that year. It is probably the first year the cup was won after the milk can was captured.

Heegaard Warner has given the precise match and date on which he claims the milk can was captured, and this is supported by the note in " Passim " that a milk can was at Richmond in 1908.



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The other correspondents have failed to give a date in 1909, and have not even mentioned who Guy's opponents were or the particular round of the cup.

It must be remembered that Guy's and London met in the semi-final in 1909, and it has generally been inferred that the can was captured on the day of a final.

In an effort to solve the mystery of the milk can, and to establish the origin of Guy's famous trophy and mascot, careful examination of the various statements leads to the conclusion that the milk can was removed from Vauxhall Station on 12th March, 1908, taken to Richmond, and was brought back to Guy's. Furthermore, that it remained dormant for a year and was painted in Guy's colours to be taken to the final against London Hospital in 1910.

Mr. George Winston, who died at the end of last year, was the great chronicler of G.H.R.F.C.

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

PRESIDENTS AND CAPTAINS

Year	President	Captain
1870–71		W. W. Pinching
1871–72		W. W. Pinching
1872–73		W. W. Pinching
1873–74		W. W. Pinching
1874–75		W. W. Pinching
1875–76		W. G. Gray
1876–77		P. F. Gilbert
1877–78	J. N. C. Davies-Colley	A. Scott resigned, Q. R. Veitch
1878–79		J. H. Lister
1879–80		J. H. Lister
1880–81		H. Blatherwick
1881–82		C. S. Spong
1882–83		Albert Martin
1883–84		R. M. H. Randell
1884–85		Sydney Wacher
1885–86		H. B. Marriott
1886–87		R. M. Russell
1887–88		A. D. Fripp
1888–89		A. Allport
1889–90		A. Allport
1890–91		J. J. E. Biggs
1891–92		H. Cooper
1892–93		E. T. Shorland
1893–94		W. I. Hancock
1894–95		H. I. Bell
1895–96		K. B. Alexander
1896–97		K. B. Alexander
1897–98		F. C. Wetherell
1898–99		R. C. Mullins
1889–1900		R. C. Mullins

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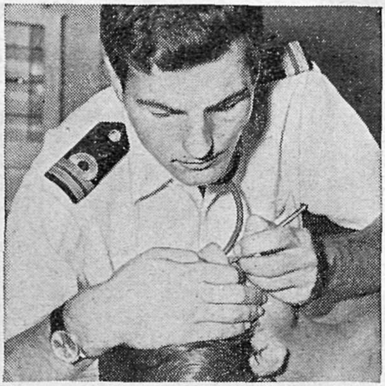

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1902–03		A. B. O'Brien
1903–04	F. Taylor	E. Morgan
1904–05		P. F. McEvedy
1905–06		F. Alcock
1906–07		S. McK. Saunders
1907–08		J. P. Jones
1908–09		L. B. Stringer
1909–10		H. B. Mullins
1910–11		G. R. Hind
1911–12		C. H. Medlock
1912–13	J. Fawcett	G. B. Pritchard
1913–14		C. S. L. Roberts
1914–15		L. R. Broster
1915–16		C. L. Curle
1916–17		C. L. Curle
1917–18		C. L. Curle
1918–19		C. L. Curle
1919–20		W. D. Doherty
1920–21		W. D. Doherty
1921–22		W. D. Doherty
1922–23		P. K. Albertijn
1923–24		J. G. Van Schalkwijk
1924–25		J. G. Van Schalkwijk
1925–26		J. Durr
1926–27	F. J. Steward	G. G. Cameron
1927–28		J. R. F. Popplewell
1928–29		T. O. Garland (illness prevented playing therefore J. R. F. Popplewell took over)
1929–30		T. G. Robinson
1930–31		Windsor H. Lewis
1931–32		Windsor H. Lewis
1932–33	C. H. Fagge	T. Morgan
1933–34	P. Turner	J. E. Giesen
1934–35	E. C. Hughes	I. G. Robin
1935–36		C. S. Darke
1936–37		R. C. S. Dick
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1948–49		H. L. Brunow
1949–50		W. G. Davies
1950–51		W. G. Davies
1951–52	H. J. B. Atkins	C. W. Pook
1952–53		C. W. Pook
1953–54		J. W. Kirkbride
1954–55		S. A. R. Cooke
1955–56		S. A. R. Cooke
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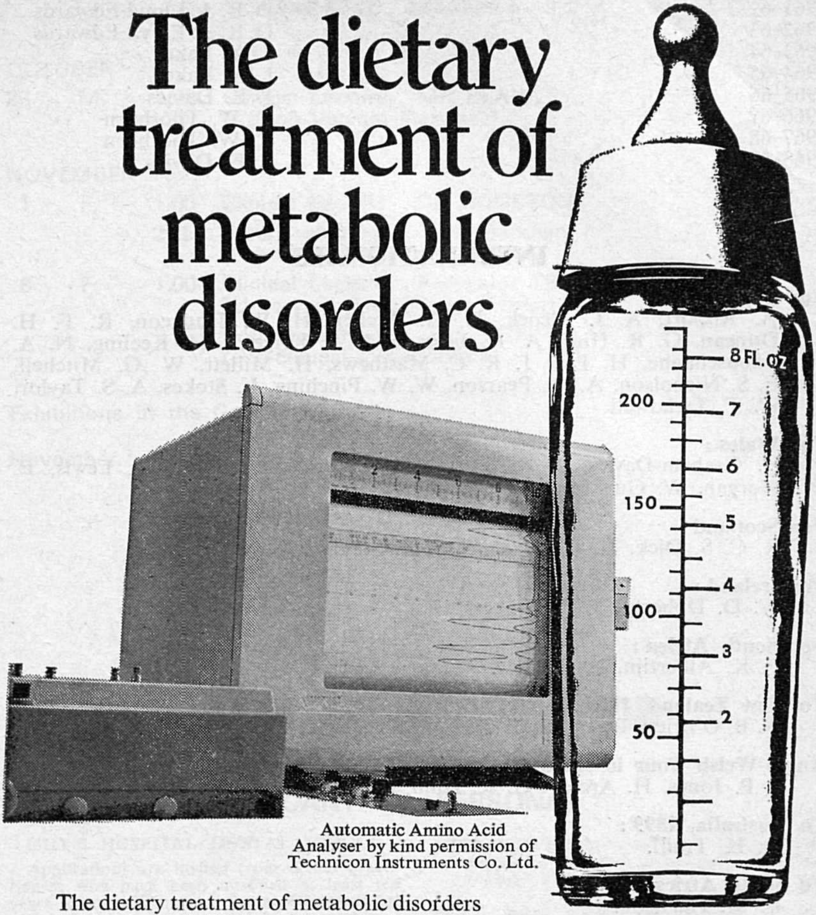

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1965-66		J. E. Davies
1966-67		C. W. Thorburn
1967-68		C. W. Thorburn
1968-69		J. E. Davies

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For Wales :
H. Graham-Davies, J. P. Jones, H. M. Jordan, Windsor H. Lewis, E. Morgan, W. Guy Morgan.

For Scotland :
R. C. S. Dick, H. L. Evans, S. S. L. Steyn.

For Ireland :
W. D. Doherty, F. O. Stoker.

For South Africa :
P. K. Albertijn, L. Babrow.

To New Zealand, 1904 :
A. B. O'Brien, D. H. Traill, P. F. McEvedy, S. McK. Saunders, E. Morgan.

Anglo-Welsh Tour in Australia in 1908 :
J. P. Jones, H. Archer, G. R. Hind, E. Morgan, P. F. McEvedy.

To Australia, 1899 :
D. H. Traill.

To South Africa, 1903 :
E. M. Harrison.

To Argentine, 1910 :
N. Tweed.

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1875
1877
1879
1886
1898, 99
1901, 02, 03
1905
1907
1909, 10, 11, 12, 13
1920, 21, 22, 23
1925
1927
1929, 30
1932, 33
1948
1961
1966.

GUY'S DIARY

OCTOBER

28 M. 1.00 Clinical Lecture. Mr. BLAIKLEY.
"Vesico-Vaginal Fistulae."

NOVEMBER

1 F. 1.00 Clinical Lecture. Dr. HOUSTON.
2.15 Combined Round. Dr. Barkhan.
(Pre-Clinical Classroom.)
8 F. 1.00 Clinical Lecture. Professor TROUNCE.
"Untoward Reactions to Drugs."
2.15 Combined Round. Dr. SAXTON.
(Pre-clinical Classroom.)

Exhibitions in the Gordon Museum :—

November. Breast Cancer.
Gold Inlays.
Pathology Quiz No. 2.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from dental practitioners who have been qualified at least ten years for appointment as **Senior Demonstrator** with attendance on two sessions per week and duties commencing as soon as possible in the following departments: **Conservative Dental Surgery, Dental Prosthetics, Preventive Dentistry** and **Children's Dentistry & Orthodontics.** Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1, not later than **Monday, 11th November 1968.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Senior Registrar** in Orthodontics (full-time) in the dental Department for Children with duties commencing as soon as possible. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, *not* later than **Monday, 18th November 1968.**

CHANGE OF ADDRESS

Dr. and Mrs. W. M. E. Tweed, 37 Fernhill Road, Sandringham, Melbourne, Victoria, 3191. Tel. 98 1253.

PERSONAL

ATTRACTIVE light small dental Surgery fully equipped to let. Part or full time. Box No. 3/9 Guy's Hospital Gazette.

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WANTED—Assistant with view to partnership required in busy 2-man practice on South Coast. Portsmouth 62135 or Box No. 1/9.

WANTED—Guy's man requires associate partner general practice thriving suburb Portland population 80,000, glorious sailing, golf, ski-ing. Entree three hospitals only seven G.Ps. Would guarantee income £125 till association 50-50. Gross income 1967 £18,000. Medal registration State Board exam December 1968. No. ECFMG required. Further particulars LECKIE, 94, Auburn Street, Portland, Maine, U.S.A.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2095

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Lord Brock

By the miracle of TV, millions of Britons were able to "take part" in the recent Olympic games and bask in the reflected glory of the efforts of our sportsmen as they ran, heaved, shot, sailed and rode their way across the little black and white (except for the fortunate few with colour sets) screen.

In much the same way we at Guy's have basked in the glory brought to Surgery and to our Hospital in particular by Lord Brock, who retired from the Staff on Wednesday, October 23rd.

To say that we shall miss his presence at the Hospital is to understate our loss and we can only hope that his "retirement" will leave him sufficient time to visit the Hospital from time to time when we shall again have the benefit of his vast experience and incisive intelligence. We are pleased to publish a tribute to "The Lord" on page 627 of this issue, and join all his colleagues and pupils in wishing him a long and very enjoyable retirement.

Screening Tests

One of the most ecstatic experiences (with all due respect to our Dental Colleagues) is to walk out of a Dental Surgery after a six-monthly check-up having been discharged as dentally fit with no treatment required. The lightness of one's step, the tune that whistles itself and feeling of "escape" are, of course, only partly due to the fact of being A1 with regard to the teeth but this system of check-ups does illustrate some of the advantages of a screening test for a large proportion of the population. The principle of prevention or, failing that, of early detection and treatment, certainly proves effective in dentistry and the facility is there for those willing to take advantage of it, but the efficacy and even the economy of medical screening tests has recently been seriously questioned.

One of the most peculiar problems facing the advocates of screening tests is that hoary old problem of the definition of the "normal" and its acceptable limits for each individual ; the problem of defining a "normal" blood pressure, the assessment of a E.S.R. of an eighty-year-old man and, even, the normal haemoglobin level in a healthy (or apparently healthy) individual. On this last subject we have recently received a document from Harwell publishing their findings from blood tests on workers and prospective workers at the Atomic Energy Research Establishment. Their results, some of which we hope to be able to publish in the near future, make interesting reading. However, even such an accurate document as this will be of only marginal assistance in the assessment of a single value from one patient, and it is as an answer to the question "What is normal for this particular person?" that screening tests might be of use. Regular measurement of B.P., haemoglobin, examination of urine, etc., every six months, would give a pattern for each person against which a sudden or even a gradual change might be assessed. It is now that one comes up against the problems of available man power, of finance and of patient co-operation.

We have all had toothache and are prepared to take steps to prevent its incidence. Somehow, as Professor Butterfield has shown in his study of the people of Bermondsey, a majority of people prefer to live in hope and ignorance than to go to their doctor, even when presenting an overt symptom, so one would not expect a system of wide spectrum, regular screening to meet with their approval or co-operation.

Sister Dungay

The final results of the interviews for the two Johnson and Johnson Travel Awards have recently been announced, and we were delighted to see that Sister Dungay of Main Theatres will be travelling to Sweden on one of two awards offered to all Theatre Staff in Britain. We offer her our congratulations and were pleased to note that whilst in Sweden next year, she intends to study teaching programmes for all grades of Theatre Staff.

The Biennial Dinner

On Friday, 4th October, the Guy's Hospital Biennial Dinner was held at the Connaught Rooms. A brief report of the Dinner is published on page 633 of this issue.

The Rugby Anniversary

On Wednesday, 30th October, a team selected by Dr. Windsor H. Lewis beat Guy's by 26 points to three. This most enjoyable game (a report of which will be found in our next edition) was the first part of the celebration of Guy's Rugby Football Club's 125th birthday. Though the weather could have been kinder to the spectators, the organisers of the event had provided well for them, and a large marquee protected the outer man, while the inner man refreshed himself and partook of that reward that is earned by vociferous support of the team.

The afternoon's sport was followed, after a pause for intense struggles with bow-ties and taxi-drivers, by an excellent Dinner at the Grosvenor House Hotel. The President of the Club, Mr. J. S. Batchelor, was in the chair, and the guests included the Presidents of the rival Hospital Clubs, the two teams and many distinguished past Guy's rugby men. The speakers dwelt on the glory of Guy's rugby and the part played by Guy's in the context of the history of the game, after which, we hear, festivities continued far into the night.

GUY'S DIARY

NOVEMBER

11	M.	1.00	Clinical Lecture. Mr. BATCHELOR. "Fractures of the Spine."
12	Tu.	1.00	Clinical Lecture. Dr. MANN.
15	F.	1.00	Clinical Lecture. Dr. SCOTT. "Sarcoidosis."
		2.15	Combined Round. Dr. JOINER (Pre-Clinical Classroom)
18	M.	1.00	Clinical Lecture. Professor GENDAL, Professor of Medicine, Emory University School of Medicine, U.S.A. "Multiple Myeloma and Related Disorders."
19	Tu.	1.00	Clinical Lecture. Dr. BISHOP. The Control of Ovulation."
21	Th.	1.00	Clinical Lecture. Dr. JOINER. "Diseases of the Arteries II."

The Rt. Hon. Lord Brock,

M.S., F.R.C.S.

In September 1921, Russell Claude Brock, who had been at school at Christ's Hospital, was awarded the Arts Scholarship to Guy' Hospital. On Friday, 18th October, 1968, Lord Brock of Wimbledon, formerly President of the Royal College of Surgeons of England, conducted his last teaching round.

When I was invited by the Editor to write "a short tribute" to my old friend and colleague I did what he would have done in similar circumstances; I culled from official sources and learned by correspondence and in conversation with his colleagues about the salient stages and features of his outstanding career. I learnt of his brilliant record as a student and of the many prizes and distinctions which he won; of his honorary degrees and Fellowships in this country, and of the many tributes from foreign countries; I read some of his contributions to the medical literature and read again two of his important books. Having done all this I was filled with pride that I had been privileged throughout my professional life to have been the colleague of such a man, and I believe that I had fulfilled to the best of my ability that conscientious application to the matter in hand that he himself both practised and taught.

Nevertheless I had some misgivings. The very recital of these outstanding achievements would have taken up more than my allotted space and they would have left no room for paying my tribute to a colleague whom I have so much admired. They would quite wrongly have given the impression of an academic paragon too remote for ordinary mortals to emulate. Furthermore these matters are available in reference books for all to see and will be recorded for posterity when his biography comes to be written.

Rather, I felt, I should pay tribute to the colleague with whom I have been in close association for nearly forty years and record those features of his outstanding character and personality which might escape his official biographer who would not have enjoyed the advantages of his friendship.

I first met Russell Brock when he was a demonstrator in Anatomy in 1929 but it was not until he had returned from the United States, where he worked for a year with Dr. Evarts Graham at St. Louis, and become Surgical Registrar at Guy's that I could claim to have made his acquaintance. For a short time we were Surgical Registrars together and in 1936 he was appointed as a general surgeon to the staff of Guy's Hospital and, in the same year, to the Brompton Hospital.

I mention these dates specifically because I believe, and I think he would agree, that with all the splendid honours which have come his way since, these are the events which have served most importantly to shape his career. With all his many commitments outside the hospital, with his responsibilities to the Royal College of Surgeons and with his concern in matters of grave national consequence, he has remained throughout "a Guy's man". I have some confidence that this would be his view, as was charmingly attested at a reception held in connection with the bicentenary of the birth of Astley Cooper only a few weeks ago at which many members of the Astley Cooper family were present. I was talking to a dear old lady and asked her whether she would like to meet Lord Brock. She expressed her delighted acquiescence and on being introduced said to him, "and are you descended from Astley Cooper?", to which he replied in a manner which was endearingly characteristic and courtly, "No, Madam, I am just a surgeon at Guys Hospital." So it is as "just a surgeon at Guy's Hospital" which is the source of our pride and how most of us will remember him.

As a teacher Russell Brock was and is outstanding; his wisdom, his incisive clarity of mind, his command of language and his flashes of humour rendered his lectures, his rounds and his discourses unforgettable to those who had the privilege to attend them. He expected unswerving devotion to their duty from those who served him and he drove himself in like manner. His inflexible principles derived not only from a stern sense of duty but from a great warmth of heart. He really cared about the welfare of his patients and his attention to the smallest detail in their management sprang not only from a nature that abhorred slovenly attitudes but from an essential kindness to those in distress. This very human quality was many times displayed when, as President of the College, he had to deal with the consequence of human failing, and his sympathy for those who, having done their best, were nevertheless found wanting, revealed an agreeable quality of forgiveness and understanding that a deceptive austere manner was wont to conceal.

As might be said of Hippocrates and of John Hunter, despite the many substantial advances in surgery which he made, Russell Brock's influence was even greater than his contributions. He brought to Guy's a sense of purpose and an inspiration which will long survive him and, through Guy's and through the Royal College, this inspiration has percolated throughout the world.

For many years from 1939 he undertook the editorship of the Guy's Hospital Reports, and the high quality of this journal is to a considerable extent due to the care which he fostered upon it. His interest in historical and antiquarian matters is attested by his life of Astley Cooper, by his unique knowledge of the early history of London Bridge and its environs on the south bank of the Thames and, especially perhaps, by the immense trouble which he took to have preserved and restored, the old operating theatre at St. Thomas's Hospital which gives so much delight and interest to visitors to Guy's.

To say that Lord Brock is retiring is almost a contradiction in terms, but we must face the prospect that he will no longer be a member of the active staff. For those of us who remain our greatest tribute will be to try to maintain those standards of performance and behaviour which he himself set and to hope that his devoted family will insist that he spends a little more time in that lovely garden to which he is so attached and from which he derives so much enjoyment. We wish him in his retirement what Abraham Cowley, the seventeenth century poet, wished for himself :—

> "May I . . . a large garden have!
> And a few friends, and many books, both true,
> Both wise, and both delightful too!"

H.J.B.A.

JUNIOR STAFF COMMITTEE—A REPORT

The annual meeting of the Junior Staff of the Medical and Dental Schools was held on Tuesday, 8th October, 1968, at which the following representatives were elected to serve on the Junior Staff Committee :—

- Dr. R. W. R. Archibald
- Dr. L. H. Bannister
- Mr. W. H. Binnie
- Dr. A. Bowyer
- Mr. S. A. R. Cooke
- Dr. T. H. Grenby
- Dr. P. W. R. Harris
- Dr. N. E. Jensen
- Dr. R. G. Lascelles
- Dr S. McHardy-Young
- Dr. P. K. Peace
- Dr. G. M. Preston
- Mr. B. A. Ross
- Mr. G. C. D. Ross
- Mr. M. R. Setchell
- Dr. G. J. A. I. Snodgrass
- Mr. J. M. A. Wilton
- Dr. A. F. Winder

At a meeting of the Junior Staff Committee held immediately following the Junior Staff Meeting the following officers were elected :—

Chairman : Dr. A. Bowyer
Secretary : Dr. S. McHardy-Young

A full list of the powers and functions of the Junior Staff Committee is circulated to all the Junior Staff annually but members are reminded particularly of the following :—

"The Junior Staff may consider and make recommendations to the School or Dental Council on any matters relating to courses of study and the provision of teaching and facilities for research and any other matters of interest to the School."

"The frequency, time and place of meeting of the Junior Staff Committee shall be determined by that Committee. Meetings of the Committee shall be convened by the Secretary."

It was agreed that in future the Junior Staff Committee should meet once a term on the first Tuesday after the commencement of term, at 5 p.m. Any member of the Junior Staff wishing to raise points for discussion is asked to communicate with the Secretary.

SIR ASTLEY COOPER

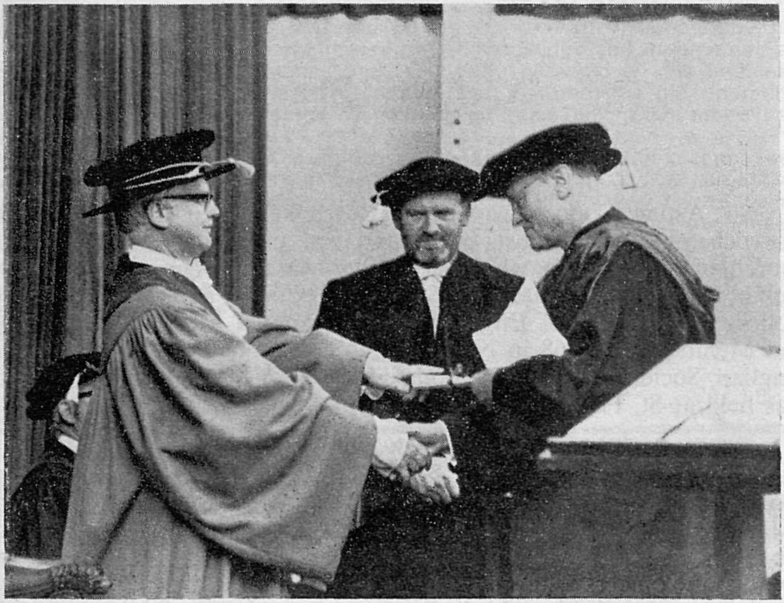
An account of the celebration of the bicentenary of his birth which took place in Norfolk on September 29th, 1968

by

A. Batty Shaw

Sir Astley Cooper was born at Brooke, seven miles south of Norwich, on 23rd August, 1768, and was christened in the parish church of St. Peter to which his father was then curate. To commemorate the bicentenary of Sir Astley Cooper's birth the Royal College of Surgeons of England held its Annual Meeting of Fellows and Members for 1968 in Norwich, the Guy's and St. Thomas's East Anglian Societies held a combined dinner and a memorial service was held at St. Peter's Church, Brooke.

The Annual Meeting of the Royal College of Surgeons of England was held at the University of East Anglia (U.E.A.), Norwich. The meeting was preceded by a special meeting of the Congregation of the U.E.A. to confer the degree of Doctor of Science, *honoris causa,* upon the College's President, Professor Sir Hedley Atkins. The academic dress of the officers and graduates of the U.E.A. has been designed by Cecil Beaton and its style and colours contrasted vividly with the sombre red and black gowns of the Councillors of the Royal College of Surgeons. The gown and hood of the Doctorate of Science are of blue grosgrain and the hood is draped with Spectrum Green. In a university of contemporary foundation the colours for its academic dress are specified in its regulations by those of British Colour Standards and the shade of Spectrum Green is B.C.S.100. Guy's men will appreciate how appropriate it was that one of Sir Astley Cooper's successors on the surgical staff of the hospital should be President of the Royal College of Surgeons, as Sir Astley himself had been in 1827 and 1836, in the year of the bicentenary of Sir Astley Cooper's birth. It was even more appropriate than many Guy's men may realise for, as Professor Sir Hedley Atkins disclosed in his address of acknowledgement "of the first degree for which I have not worked", he, like Sir Astley, was of Norfolk descent, his forbears having lived in Norfolk almost from the time of the Norman Conquest. The first event of the College's programme was an Astley Cooper oration by Lord Brock on "Astley Cooper, a link between Hunter and Lister". Again the appropriate nature of the College's choice of Lord Brock as Astley Cooper Orator will need no emphasis to Guy's men but it may not be widely known that Lord Brock's forbears also lived in Norfolk and that members of the family still do so. As a symbol of Lord Brock's East Anglian descent the supporters to his arms stand on a compartment that contains ears of wheat for East Anglia. The remainder of the College's two-day meeting was occupied by a series of scientific symposia, two of the topics discussed, Breast Disease and Aneurysmal Surgery, being selected for Astley Cooper's interest in and contributions to the subjects.



Professor Sir Hedley Atkins receiving the degree of Doctor of Science, *honoris causa*, from the Vice-Chancellor of the University of East Anglia, Mr. F. A. Thistlethwaite, on 27th September, 1968. Also in the photograph is the Public Orator, Professor J. W. Macfarlane.

(Photograph by Eastern Counties Newspapers)

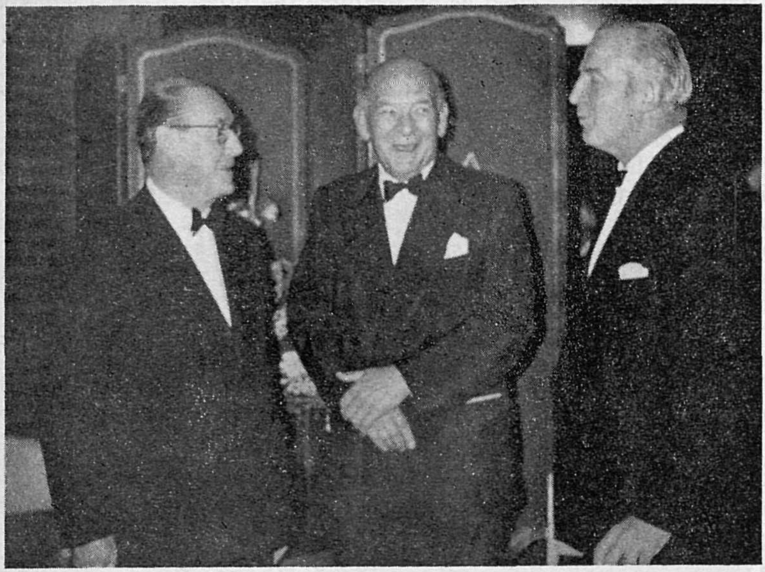
After the conclusion of the College Meeting the Guy's and St. Thomas's East Anglian Societies held a combined dinner at the Royal Hotel, Norwich, to which all Guy's and St. Thomas's graduates attending the College meeting were invited. Professor Sir Hedley Atkins presided over a company of one hundred and thirty men from the Borough Hospitals together with their wives. The chief guests of honour were Sir Patrick Astley Cooper, the sixth baronet, Lady Astley Cooper and their son the Honourable Alexander Paston Astley Cooper. Also invited were the present baronet's first cousin Major Gerald Astley Cooper and Mrs. Astley Cooper, who kindly provided some of the first baronet's table silver for the use of Sir Hedley and Lady Atkins and Lord and Lady Brock during the dinner. High-table was completed by two representatives from the consultant staff of St. Thomas's Hospital, Mr. F. B. Cockett, with Mrs. Cockett, and Mr. J. H. Hovell. Professor Sir Hedley Atkins proposed the health of Sir Astley Cooper, to which Sir Patrick Astley Cooper replied. Sir Patrick disclosed that the fifth baronet of the line, Sir Henry Lovick Cooper (1875–1959) had allowed the family title to lapse. It was therefore necessary for Sir Patrick when he became eligible to inherit his uncle's title in 1959 to go to a great deal of trouble to prove his right of inheritance. He had to provide evidence to the authorities that all other possible claimants to the title were deceased. This had involved a great deal of work of which he cited as an example the proof that a Lieutenant Cooper had been killed in the Indian Mutiny. Sir Patrick succeeded in providing all the necessary evidence to establish his claim and it is due to him that Sir Astley Cooper's baronetcy survived for the Bicentenary Celebrations. Guy's East Anglians were glad to welcome to their dinner three senior members of the Guy's staff with their ladies, Mr. P. W. Clarkson, Mr. R. S. Lawrie and Mr. C. H. Kinder together with two members of the present Guy's junior staff, Mr. J. A. Dyde and Dr. M. Lindsey. For Mr. C. H. Kinder it was a welcome to a county with which he has strong contemporary associations and to the city of his ancestors. He is descended from the distinguished French Huguenot family of Martineaus who came to Norwich on the revocation of the Edict of Nantes in 1685. Several members of the family were surgeons, of whom the most notable was Philip Meadows Martineau (1752–1829), the most eminent Norwich lithotomist of his day and a friend and contemporary of Sir Astley Cooper. Of one of his younger brothers, John Martineau, Mr. C. H. Kinder is a direct descendant.

On Sunday, 29th September, a memorial service for Sir Astley Cooper was held at the parish church of St. Peter, Brooke. The service was taken by the Vicar of Brooke, the Reverend George Hurst, Sir Patrick Astley Cooper read the first lesson, Professor Sir Hedley Atkins the second lesson, and the sermon was preached by Dr. Joseph Needham, Master of Gonville and Caius College, Cambridge, the college being the patron of the living. The parish register containing the details of Sir Astley's baptism in the church was on display and his memorial tablet on the north wall of the nave was decorated for the occasion with a wreath of rosemary and bay tied with a purple ribbon.

A coffee party for visitors was held after the service at Brooke House, the home of Mr. and Mrs. E. D. Mackintosh. From this house one could look across the meadows and woods that lie to the south of Brooke. Surgery has undergone many changes since the year of birth of Sir Astley Cooper but one felt that the autumn scene in Brooke can have changed little in the last two centuries. Here in such woods and meadows the young Astley played with his brothers and sisters, here he learnt to ride and use a gun. It provided a fitting scene for the conclusion of his native county's celebrations of the bicentenary of the birth of one of Guy's most distinguished surgical sons.

THE BIENNIAL DINNER

4th October, 1968



Lord Brock, Mr. Eckhoff and Mr. Glover at the Dinner.

Once every two years Guy's men from far and wide converge on London for an evening of old faces, new jobs, old friends and new families followed by an excellent Dinner. The 1968 Biennial Dinner lived up to the reputation of its predecessors in providing a most enjoyable evening for all those present at the Connaught Rooms on the evening of October 4th.

This year's Secretary was Mr. Glover, who has succeeded Mr. Eckhoff. This fact almost gave rise to a breach of the "rule" that toasts were to be just that and no more, for Mr. Glover could not allow the occasion of Mr. Eckhoff's retirement pass without notice, and paid a tribute to Mr. Eckhoff for all his past work.

Mr. Eckhoff, replying, reported briefly on the happenings at Guy's over the last year, and paid, in his turn, a warm tribute to Mr. Goodliffe, who, said Mr. Eckhoff, was threatening to retire.

The "business" of the evening over, the company retired to the bar, where conversation and laughter mingled happily as time slipped easily by until the time for departure arrived, and amid farewells and promises to meet again in 1970, the evening came to a close.

THE COST OF DRUGS-I

by

R. K. Knight

When a member of the public goes to his doctor with a sore throat he is entitled to expect that the medicine he is given will relieve his discomfort and preferably not cause violent diarrhoea or bring him out in a green rash. We are now saddled with the responsibility of having more drugs available than ever before in medical history and it is certain that the proliferation will continue. Many of these drugs are of value but a large number are of doubtful efficacy while some are frankly useless. A doctor's choice of the appropriate drug in any given situation is, or should be, based upon sound knowledge of clinical pharmacology and conscientious efforts to keep in touch with advances in therapeutics. When several similar drugs are available individual choice becomes influenced by other factors. Among these might be the cost of the drug. Ought we to bother about this? Does it matter?

In the year 1965/66 the total cost to the country of the National Health Service was £1,242 million and of this £135 million were spent on the Pharmaceutical Service. Since 1949/50 the total cost of the N.H.S. has trebled but during this time the greatest rise has been in the Pharmaceutical Service which has quadrupled. For several reasons there has been a rise in the number of prescriptions over the years. What is more important is the increase in the average total cost per prescription from three shillings in 1949 to over ten and sixpence in 1966. It is, of course, hardly surprising that costs tend to rise, this is unhappily part of our daily life and drugs are subject to the same influences which increase the price of our toothpaste and Sunday joint. But inflation is only one factor and the disproportionate rise in the cost of drugs is largely due to the introduction of new, expensive preparations such as antibiotics. The magnitude of the situation may be revealed by two interesting facts. One penny on the average cost of prescriptions means an extra £1 million a year. And if every doctor wrote, on average, one prescription less per day during 1966 it would have saved over £4 million.

In countries where patients are obliged to pay for their medicines they and their doctors are very conscious of the price. Prescribing habits should, and do, reflect this since no reasonable doctor is likely to inflict an unnecessary financial burden on his patients. We, in this country, are much less aware of this for while some doctors are constantly considering costs, few patients give it a thought. Perhaps they do not quite regard the N.H.S. as a limitless cornucopia but probably the last thing patients think about as they pour tablets down their throats or allow them to deliquesce in the bathroom cupboard is how much the taxpayer is spending on them. The sad truth is that excessive expenditure on drugs means less money is available for important and urgently needed developments in other fields. The N.H.S. is often likened to a giant national cake and if the slice of the Pharmaceutical Service is unduly large the remainder which has to be shared by the rest of the family is bound to be smaller.

The serious problem of prescribing costs is common to general practitioners and to doctors who work in hospitals but the reasons behind it are complicated and the remedies somewhat different in the two fields. There is, for instance, a substantial quantitative difference between the overall costs inside and outside hospitals.

Many drugs are supplied to hospitals in very large quantities so it is possible to obtain them at a much cheaper rate than that which applies for retail pharmacies. Furthermore, a hospital chief pharmacist is often able to negotiate an even more favourable price for a drug with the manufacturer's representative. Another important factor is that a hospital pharmacist, when faced with a prescription for an expensive proprietary preparation, is usually able to dispense a very much cheaper equivalent drug. In contrast to this a retail chemist, when presented with a prescription, is obliged to dispense the drug prescribed even though cheap equivalents are available and for each item he is entitled to a small profit and dispensing fee. This naturally means that drugs ordered on E.C.10s (the general practitioners' prescribing form) are bound to cost more than those prescribed in hospitals.

Occasionally, owing to a national shortage of pharmacists and the greater financial inducements for them to work outside hospitals, there are instances when hospital pharmacies cannot provide an adequate service for out-patients. Prescriptions are then written on E.C.10s which are dispensed at retail pharmacies but the cost is borne by the hospital and is very much greater than when the drugs are supplied from the hospital itself. Recently, for the first time, this has become necessary at Guy's and unless some means is found of inducing pharmacists to work in hospitals it is likely to remain a serious and expensive problem in the N.H.S.

There appear to be three remediable reasons for the increasing prescribing costs which are worth consideration :

1. Inappropriate prescribing.
2. Excessive prescribing.
3. Indiscriminate prescribing.

Inappropriate Prescribing

This simply means that the drug prescribed is not the appropriate one for the situation and implies either incorrect diagnoses or lack of knowledge of the drug's properties. An example of this was a patient who was given ampicillin for several weeks when suffering from boils containing a penicillin-resistant staphylococcus. Another example was a patient taking frusemide for ankle oedema caused by varicose veins. In each instance—and there must be many others—the patient did not benefit from a drug which was costly and could have been treated effectively with cheaper remedies.

Excessive Prescribing

It is entirely reasonable to give patients with, for example, diabetes, epilepsy or pulmonary tuberculosis supplies of drugs which will last a long time since therapy is likely to continue for years or months. It is doubtful if it is sensible to give huge amounts of drugs to some other patients whose need for them may vary or recede. There is, moreover, evidence that a proportion of patients simply do not take the drugs they are given (Nicholson, 1967; Barrie *et al,* 1968). How many people pour tablets down the drain or hoard half-empty bottles in cupboards is not known but it may well be substantial. How many of us, for example, when given a course of tablets to take for only a short time have either forgotten to take them or simply become bored with doing so on making an early recovery? Prescribing for short periods would clearly reduce wastage of this kind.

Indiscriminate Prescribing

Often a prescriber has more than one drug at his disposal to deal with a situation and here it might be argued that to give the most expensive preparation is an unnecessary waste of money.

Some Comparative Costs

Information about comparative costs of drugs is not always easy to obtain. Below some commonly used groups of drugs have been selected and show in the form of tables or histograms the relative costs of the more popular preparations. An attempt is made to show the cost both in this hospital and for the same drugs prescribed in general practice. While precise figures are available from the Guy's Pharmacy—and for these I am grateful to Mr. Moore, our Chief Pharmacist—it has not always been possible to give exact prices for retail pharmacies. The reason for this is that on to the basic N.H.S. cost is added a dispensing fee per item (usually 2s. 3d.) and an additional moiety calculated as a percentage which is the pharmacist's profit. The last has been omitted but the comparisons are nevertheless reasonably accurate.

In addition to the larger groups of drugs it is of some interest to examine costs of others where there is wide disparity between preparations whose effects are similar.

"VASODILATORS"

Although drugs may be useful to relieve spasm of vessels (as in Raynaud's phenomenon) their ability to increase blood flow selectively where it is required in obstructive vascular disease such as arteriosclerosis is highly questionable. The following drugs differ little in their therapeutic effects but there is gross disparity between their costs.

	per 1,000 tablets (Guy's Pharmacy)
NICOTINIC ACID	12s. 0d.
PRISCOL (Tolazoline)	15s. 0d.
PERDILATAL (Nylidrin) ...	£2 2s. 6d.
VASCULIT (Bamethan) ...	£5 0s. 0d.
HEXOPAL (Inositol nicotinate)	£7 4s. 0d.
CYCLOSPASMOL (Cyclandelate)	£20 17s. 8d.

VITAMINS

It is inconceivable that the need for vitamins in this country bears any relation to the frequency with which they are prescribed. There are a few conditions for which vitamins are useful but it is unlikely that if all prescriptions for these substances ceased there would be a pandemic of scurvy or beri beri. When expensive vitamins are prescribed in hospital much cheaper equivalent preparations are usually dispensed by the pharmacy. This does not happen when prescriptions are dispensed by outside pharmacists. If, therefore, a prescription for an expensive preparation is written on an E.C.10 it must be given. An obvious pitfall in this situation exists when a hospital doctor habitually prescribes substance "A" which in the pharmacy is dispensed as "B". When the patient subsequently returns to the care of his general practitioner a letter is sent saying that he is having tablets "A" three times daily the practitioner may in good faith "continue" to prescribe "A" which is much more expensive than the "B" he was receiving from the hospital. Examples are shown below.

	Wholesale cost per 1,000 tablets applicable to E.C.10s.	Approved substitute and cost per 1,000 tablets (Hospital pharmacy)	
OROVITE	£10 0s. 0d.	Vitamin B complex (strong)	13s. 6d.
BECOSYM	£6 0s. 0d.	Aneurine Co forte	5s. 0d.
MULTIVITE	£1 0s. 3d.	Multivitamin tablets	5s. 3d.

ANTIBIOTICS

These are among the big money spinners. The need for an antibiotic depends upon the condition which is to be treated. Ideally an infection which really merits specific therapy should, if possible, be identified by bacteriological investigation to ensure a rational choice of antibiotic. Loose thinking leads to loose prescribing, the result is poor treatment and waste. Ampicillin, for instance, is not more effective against Gram positive organisms (except strep. faecalis) than Penicillin G and is useless against penicillin-resistant staphylococci. In Gram negative infections tetracycline is often as effective as ampicillin but the latter seems to have enjoyed striking popularity in recent years. Table 1.

[Dr. Knight's article will be concluded in our next edition.]

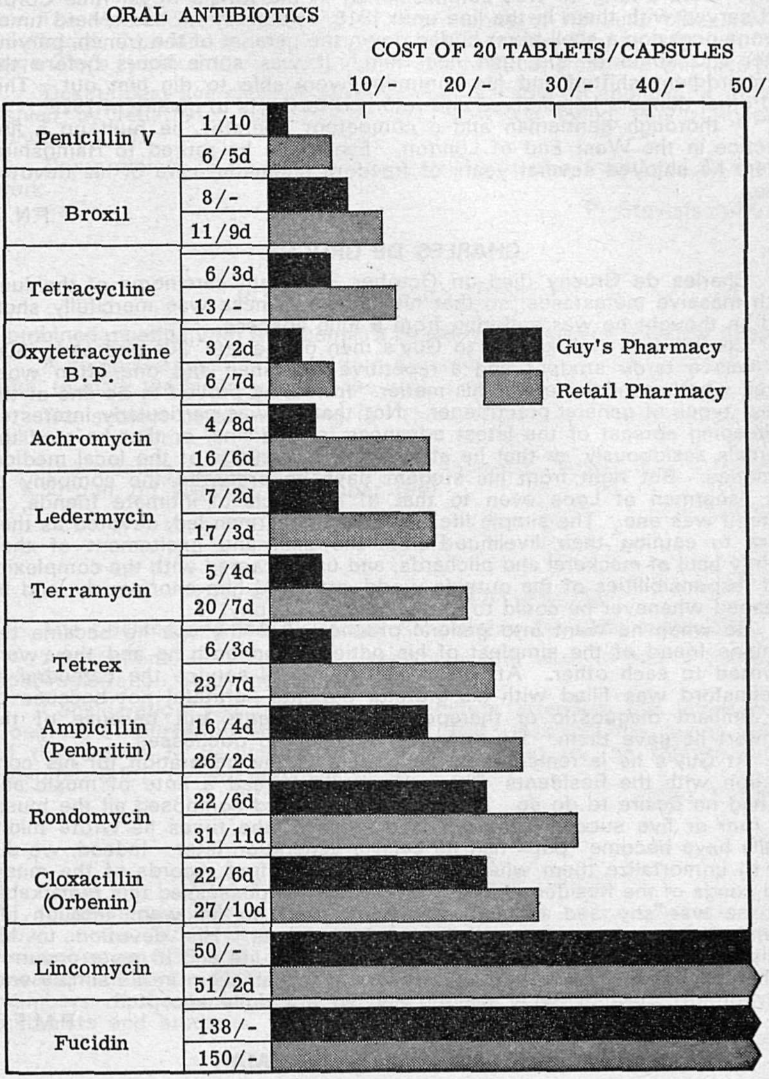

ORAL ANTIBIOTICS
COST OF 20 TABLETS/CAPSULES
10/-
20/-
30/-
40/-
50/-
Penicillin V
1/10
6/5d
Broxil
8/-
11/9d
Tetracycline
6/3d
13/-
Oxytetracycline B.P.
3/2d
6/7d
Achromycin
4/8d
16/6d
Ledermycin
7/2d
17/3d
Terramycin
5/4d
20/7d
Tetrex
6/3d
23/7d
Ampicillin (Penbritin)
16/4d
26/2d
Rondomycin
22/6d
31/11d
Cloxacillin (Orbenin)
22/6d
27/10d
Lincomycin
50/-
51/2d
Fucidin
138/-
150/-
Guy's Pharmacy
Retail Pharmacy

Figure 1

OBITUARIES

LLEWELYN EVANS, L.D.S.Eng.

Always known to his friends as "Peter Evans", he was one of the many dental students who left Guy's in the autumn of 1914 to join the army. Before long he was commissioned in the King's Royal Rifle Corps, and served with them in the line until 1918. Naturally he had a hard time; on one occasion a shell-burst hurled down the parapet of the trench, burying Peter and some of the men near him. It was some hours before the bombardment shifted and his comrades were able to dig him out. This and other dangers he survived and returned to Guy's to qualify in 1922.

A thorough gentleman and a competent operator, he built up a fine practice in the West End of London. Eventually he retired to Hampshire, where he enjoyed several years of freedom under the care of his devoted wife.

F.N.D.

CHARLES DE GRUCHY

Charles de Gruchy died on October 3rd, from carcinoma of the lung with massive metastases, so that his terminal illness was mercifully short and he thought he was suffering from a lung abscess.

Charles was well known to Guy's men of the late '20s and early '30s. He was a tardy student and a repetitive examinee and one often wondered whether medicine was his metier. In fact he proved to be one of the finest types of general practitioner. Not that he was particularly interested in keeping abreast of the latest advances in medicine, or that he read the journals assiduously, or that he attended the meetings of the local medical societies. But right from his student days he preferred the company of the fishermen of Looe even to that of his circle of intimate friends, of which I was one. The simple life that these fishermen led, devoted as they were to earning their livelihood from the skill and excitement of their nightly haul of mackerel and pilchards, and unconcerned with the complexity and responsibilities of the outside world, attracted him enormously, and he escaped whenever he could to share their philosophy.

So when he went into general practice after the war he became the genuine friend of the simplest of his patients and both he and they were devoted to each other. At this recent memorial service the cathedral at Chelmsford was filled with his grateful patients—grateful not because of his brilliant diagnostic or therapeutic achievements but because of the comfort he gave them. He preferred dustmen to duchesses.

At Guy's he is remembered by people of my generation for his connection with the Residents' Play. He couldn't read a note of music and he had no desire to do so. He played by ear and composed all the music for four or five successive plays, and some of the tunes he wrote might easily have become "pop" had he lived a generation later. Indeed, we did try to immortalize them when we produced the first records of the music and songs of the Residents' Play. But though he possessed this remarkable gift he was shy and diffident about it. And so he went through life unambitious and unaware of any achievements. His devotion to his patients and his friends gave him all he asked of life and it never occurred to him that at the same time he was bestowing on them in his simple way the comfort they so badly needed and so gratefully accepted.

P.M.F.B.

PROFESSOR L. P. R. FOURMAN

We are sorry to have to record the death of Professor L. P. R. Fourman, Professor of Clinical Investigation at Leeds University.

Professor Fourman qualified M.B., B.S. at Guy's in 1941 and achieved a meteoric rise in his chosen field. He will be remembered for his excellent book, "Calcium Metabolism and the Bone", as well as for his many personal qualities.

To his wife and children we extend our most sincere sympathy.

NOTICES

THE "MESSIAH"

The Music Club will present a performance of Handel's "Messiah" in Southwark Cathedral (London Bridge), on December 5th, at 7.30 p.m. The large Guy's Hospital Chorus and the Musica Medica Orchestra will take part.

Tickets cost five shillings each and are available on application, accompanied by remittance, to Miss A. Hill, c/o East Wing, Guy's Hospital, London, S.E.1.

This promises to be an exciting performance of a traditional Christmas work.

P. Stevenson-Moore

PUPILS' PHYSICAL SOCIETY

Combined meeting with St. Thomas's Hospital Medical and Physical Society.

A combined meeting of the two Societies will take place on November 19th, to mark the bicentenary of the birth of Sir Astley Cooper.

The subject of the meeting is "Thoracic Surgery", and the chairman will be Lord Brock.

The meeting will take place in the Anatomy Theatre, Guy's Hospital, at 5.30 p.m. on Tuesday, November 19th.

S. Kilpatrick

GUY'S HOSPITAL NURSES' LEAGUE

The Cosmos and Mabel Bonsor Scholarship for 1969, value £200.

Applications are invited from members who wish to take a course of post-registration study at home or abroad.

Consideration will be given to members attending the International Congress of Nurses in Montreal in June 1969. Applications, giving details of the course to be undertaken should be sent to The Matron, Guy's Hospital, S.E.1, by the 30th December.

Miss F. Taylor

GUY'S HOSPITAL CHRISTIAN UNION

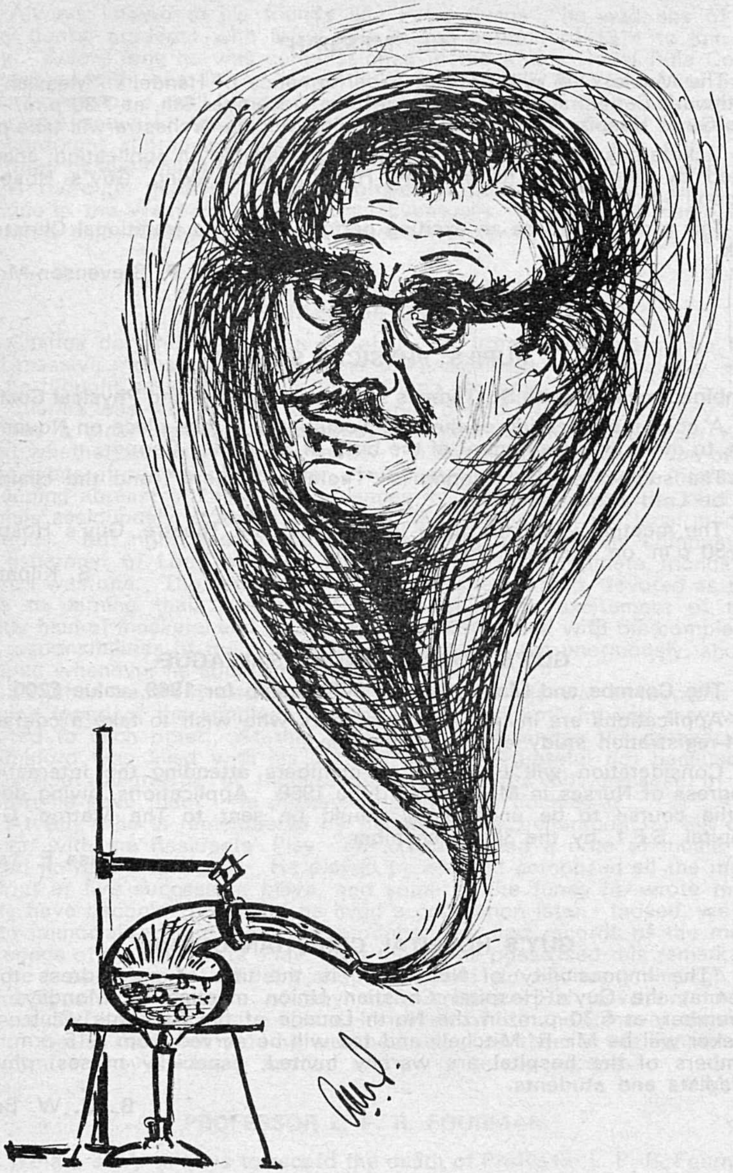
"The Impossibility of Neutrality" is the title of an address to be given at the Guy's Hospital Christian Union meeting on Monday, 11th November, at 5.30 p.m. in the North Lounge of the Students' Club. The speaker will be Mr. R. Mitchell, and tea will be served from 5.15 p.m. All members of the hospital are warmly invited, especially nurses, physiotherapists and students.

B. M. W. Bailey

ANNUAL DENTAL BALL

Please would all those attending the Annual Dental Ball at the Dorchester, use the Ballroom entrance in Park Lane.

Thank you.



Dr. W. H. H. Merivale

It took about five minutes, three pounds, and a handshake to open an account with Barclays.

The five minutes were mainly spent in writing a couple of specimen signatures and in giving the name of a suitable reference. The three pounds—all I could bank at the time—were received with a cordial handshake and I was made to feel really welcome. Nothing stuffy about Barclays. You don't believe us? Try 'em.

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NURSING SECTION

AN ALTERNATIVE TO SALMON ? !

Last week I had occasion to visit my uncle and was invited to stay to dinner. "Has that fellow you work for—what's his name—something to do with fish—Ross, that's it," he said, stuffing another helping of lobster into his mouth. "Has he tried grafting a bit of *homo sapiens* on to a lower primate—a chimpanzee, for instance? I suppose you've read the 'Biological Time Bomb.' The fellow who wrote it suggests this might be done more easily than t'other way about since it seems the likelihood of rejection would be less. The idea is, you see, that if we could graft a human hand on to a chimp we might well be able to teach the monkey to carry out simple tasks in hazardous circumstances. For instance, entering an area of radio-activity to switch off machinery, etc. Of course, there would be, no doubt, some very genuine ethical problems. All the same, it should appeal to the government as a money-saving proposition—that if they have sufficient suitable grafts carried out on a sufficient number of suitable monkeys, the nursing recruitment problem would be solved once and for all—and cheap at the price!" He lapsed into silence and contemplated his idea with a sardonic grin.

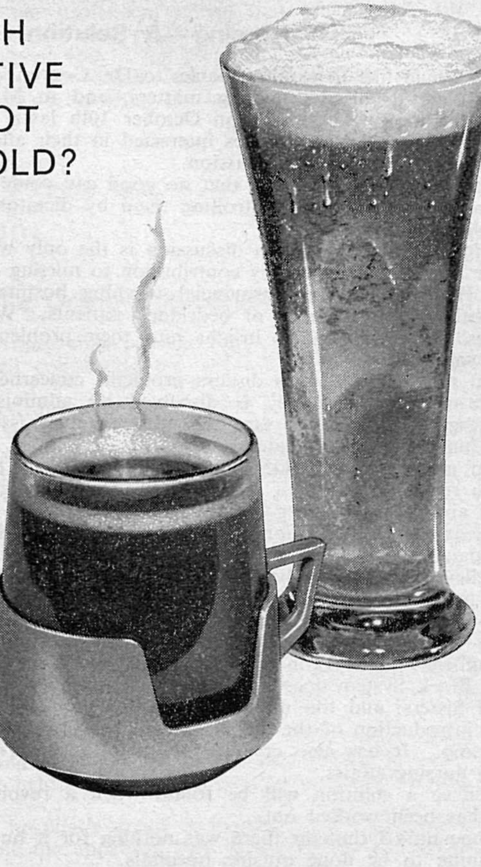
Reflection over. "You ought to read that book," he said. "It's full of good ideas. It seems there's a fair chance of being able to maintain the isolated brain alive indefinitely, and it should be possible to arrange that the brain of a genius suitably linked through the proper electronic equipment could control an indefinite number of 'androids'—thus, one super-S.R.N. brain maintained at the Ministry, constantly tended by its medical experts; perfused and bathed with nourishing fluids; oxygenated and detoxicated; stimulated and sedated, could conduct the nursing care of the entire community. There would, of course, have to be interference-free radio channels and we should be in for some ghastly mistakes." Again the grin. "Imagine having a robot going into reverse during the administration of an enema!"

"Well, it would at least get over the uniform question," I said. My uncle laughed. "Imagine a chimp being awarded 'strings' after two years' service. As for androids, periodical spraying with suitably coloured cellulose would be all that's necessary, and it would at least do away with some of these committees. What's that other fish one—brill or something?" "Salmon," I suggested. "That's it. Well, it's a cod all right." Here he took time off to laugh at his own joke. "What's a nursing grade 10 anyway? I suppose these days probationer=student/pupil nurse=shrimp=grade 1, or is it grade one-half?" he said, helping himself to his third brandy. "Still, we should miss the personal attentions shouldn't we" (this on a more serious note). "I don't suppose your profession could survive the abolition of the bed pan or the bottle—as for me, I should sooner be fully automated!"

"I look forward to the introduction of Salmon," I told him. "Don't think it will do away with a nurse being regarded as an individual, do you?" he queried. "There is a great danger of this," I agreed, "but forewarned is forearmed, and it will take time, as with all new things, to implement it fully, and really, it's up to each one of us to ensure that we don't become just a grade; we must retain our individuality. At the same time we should regard the person standing next to us as an individual—so that we do not lose the friendly atmosphere characteristic of Guy's."

"Quite agree," said he. "Something my system would lack—personal attentions. Well, we'll see what you all can make of Salmon. . . ."

TEETH
SENSITIVE
TO HOT
AND COLD?



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CORRESPONDENCE

Nursing—A Solution

SIR.—I would like to express thanks to Dr. Conran and Mrs. Veal for giving their time to discuss nursing matters, and to Mr. Lomax, who cleverly arranged the meeting at Guy's on October 10th last. Guy's nurses are fortunate in having medical colleagues interested in their affairs. You might like to print my contribution for discussion.

Today it must be accepted that no good can come out of keeping students rigidly in their places and controlling them by dictatorial methods worked out behind closed doors.

Letting off steam by open discussion is the only way of reducing the heat.

Over the last few years my contribution to nursing has been working in one London Hospital and two provincial teaching hospitals as an auxiliary concerned with excreta disposal of bedridden patients. Working with students as colleagues has given me an insight into their problems and could help with ideas to solve them.

I am not here today to discuss problems concerned with money. All too often the subject of money is discussed by administrations and politicians because they don't want to face the more complex issues which are really the cause of unrest amongst students.

I am uneasy about student nurse wastage. Why the nursing profession is failing to retain so many of the bright, eager young girls who decide to enter hospitals and make a career of nursing.

They cannot all be idiots who faint at the first sight of a drop of blood or a bedpan.

I believe they are ready to face anything if they are provided with conditions of training which suit *them*.

Now to analyse present day conditions of student nurse training.

It is a vast complex system of theoretical training away from the wards with insufficient supervision of the practical work they are doing in the wards.

The Block System does not make for continuity and stability for the nurse or Ward Sisters, and too many changes are not good for the young.

The introduction of the S.E.N. stream has brought friction and disharmony into nursing. It has also created an invitation to Trades Unions to acquire power in nursing affairs.

I believe a solution will be found when a revolutionary new system of training has been worked out.

At one time I thought there was nothing for it but for part of the theoretical training to be done outside hospitals.

I know your tutors are not in favour of this.

I am now going to give you an idea to discuss and later on talk over with your tutors.

The idea is to break up the training into two parts. Both with equal status and equal pay.

1. A S.R. medical nurse in two years.
2. A S.R. surgical nurse in two years.

To do away with the Block System.

This could provide the hospitals with a greater number of nurses training for specialist level from the start.

I believe the student nurse wastage problem is the most important issue facing nursing today.

In 1966, 2,000 nurses, one third of all who entered for the final State examination of the G.N.C. failed!!!

Yours, etc.,

MARY GRANT.

Cowdray Club,
Cavendish Square, London.

Guy's Spirit Abroad

SIR,—With reference to the death of my sister (Angela Rosemary Fawcett) in August 1968 and the subsequent notice that appeared in the Gazette, followed by the obituary that was printed in the September 28th issue by P.G.D., I would like to thank you. I am no longer a resident of Great Britain and even though present at her death, feel very proud that the tradition and spirit of Guy's Hospital continues from the letters I have received.

Yours, etc.,

Alan A. W. Fooks, (Guy's 1947)

Tufts University School of Dental Medicine,
136 Harrison Avenue,
Boston, Mass., U.S.A. 02111.

The October Revolution—I

SIR,—We feel that we must draw attention to the recent notice published by the Students' Council concerning the political Rally held in London on October 27th.

The Students' Council dissociated the Union from the Rally, but we question the right of the Council to pass moral judgment on our behalf. The hospital authorities do have the power to dissociate the hospital from the Rally, but the Council only to do so after consultation with those who elected them to their respective positions.

Most student unrest is caused by lack of co-operation with their academic staff, but it seems that we haven't even got the co-operation of our elected representatives!

As the notices appeared around mid-day on 25th October, 1968, after a Council meeting dated 25th October, 1968, we can only assume that the notices had been prepared before the meeting and the conclusions came to rather inevitable.

We're not sure whether the dictatorial statement also condemns opposition to U.S. interventionist policies, but if this is the case, we didn't realise our representatives were elected on political issues.

We ourselves attended the Rally in Hyde Park and noted the good behaviour, orderliness and exchange of sincere and intelligent views. It was in fact a democratically held gathering, an occurrence sadly missing from our own club activities.

We can excuse the hospital's dread to involve itself in political situations, but we find it inexcusable the appalling lack of knowledge and interest in such basic and humanitarian issues.

Although we can't obviously all make the same contribution that Dr. P. Evans has done, we should not completely ignore the situation as certain ill-informed members of the union seem to want us to do.

Surely it is of the utmost importance that the Union maintains complete independence and is truly representative of student wishes. If, on the other hand, the pathetic apathy rampant amongst students in the hospital means that they take no interest in union dictates, we may as well scrap a student appointed Council and have the Union run by people elected by the Board of Governors.

For polls are a feature of Council elections, and we're not surprised at all if this incident demonstrates how the Council runs its affairs in a most autocratic and unhealthy fashion.

The matter is the responsibility of all students. However, we find a Council, supposedly elected by us, but making moral judgments on our behalf without first sounding out our opinions, to be grossly hypocritical and a complete misuse of the powers bestowed upon them.

Yours, etc.,

D. P. JACOBS, J. L. DOBSON, J. A. D. MCLEAN.

East Wing,
Guy's Hospital, S.E.1.

The October Revolution—II

SIR,—I, among perhaps quite a few Guy's students, feel disappointed that the Students' Club has sunk into the quagmire of student politics by passing a resolution dissociating itself from the October 27th March, and advising its members not to take part in it.

I take issue on a number of points, firstly Guy's Students' Club has had a long history of deliberately not involving itself with political issues. Thus it has remained separate, some think aloof, from the National Union of Students and other such bodies. In the Council of the University of London it has abstained, in the past, from voting on such matters.

Secondly, although entitled to say that no students at Guy's have any official backing or support from Guy's, the Club must remember that some of its members may well have strong individual feelings and may wish to express them in some form on the 27th. Is not the Students' Club over-reaching itself when attempting to control its members extra-curricular, extra Guy's activities. It also has the effect of fanning the flames of an affair which, without so much other advance publicity, might well have fizzled out before it started.

A value of student "unrest" is the reluctance of thinking minds to accept dogma. Many of the rules around us are based on dogma and tradition unrelated to modern conditions. Without sound foundations, they are meaningless and possibly obstructive to progress. In Britain the people at the top of the University system seem to be appreciating this better and faster than in many other countries. A great deal of changes are occurring in the University system which might well not have occurred had there not been student "unrest".

There have been great changes in the last year at Guy's, especially in the dental school, which aim at putting the course on a far more rational basis. Naturally enough, there have been teething problems about which, among others, some students feel quite strongly. With co-operation between the staff and students, they can and will be ironed out to a great extent. The Students' Club would be far better off, in my opinion, in spending its valuable time in helping to do this than in dogmatising about something which hardly, and should not, concern it.

Yours, etc.,

P. R. HUNT.

East Wing,
Guy's Hospital,
London, S.E.1.

Guy's Men in Mexico

SIR,—Before the fanfares of the 1968 Mexico Olympic Games finally fade away, I feel we should pay tribute to the efforts of the two Guy's men who attended the Games—Roddy Jones and Timothy Kirk.

Roddy Jones has been our representative in the arena of international sporting competition for the last three years, during which time he has been Great Britain's number one choice for the 110 yards backstroke. His dedication and effort to swimming has given him the chance to travel over much of the world, and finally to Mexico. He came third in his heat, which would have given him a semi-final place had not the judges decided to reduce the number of semi-finals from three to two after the heats had been swum, thereby robbing those who had swum a tactical race, of the chance to progress further.

In the rowing events, the London University eight, coxed by Timothy Kirk, did not reach the final, although they gave one of their best performances.

Both men are to be congratulated on achieving places in our national team and Guy's should be proud of them.

Yours, etc.,

S. J. Challacombe

East Wing,
Guy's Hospital.

Signing-in signing Off ?

SIR,—We all, I dare say, have little defects in our make-up which render our personalities hypersensitive to certain issues. The issue which plays havoc with my equilibrium is that of signing-in for lectures. To my certain knowledge, three successive chairmen of the Education Committee have asked the Dean to abolish this system, and yet it still exists. At the moment not even the most naive junior lecturer believes that the signing-in sheets reflect the true state of attendance. It is unhelpful to suggest that students should be more honest; I doubt if two per cent. of Guy's students consider this to be a moral issue, and if they do they clearly feel that it is more immoral not to sign a friend in! I conclude, then, that signing-in is not only corrupt, but known to be corrupt.

There may be a clause in the University charter which lays down that a record of attendance is necessary to "prove" that a student has completed his course. I submit that signing in for lectures does not afford this "proof". Is it inconceivable that one day one honest student might refuse to allow his friends to sign him in, and might have sufficient wit to avoid dull lectures (invariably associated with bad lecturers)? Would he be penalised?

I believe that a more pertinent fact is this: good lectures are well attended; bad ones are poorly attended. It would have more relevance to our education if the numbers present at lectures were ascertained; lecturers could then ponder on the implication of a poor attendance.

Having failed to persuade the Dean to change the system, students must now take some positive action themselves if they want signing-in to be abolished. I suggest that all students ignore the signing-in sheets for any lectures—as from, say, 1st January, 1969?

Yours, etc.,

ROBIN CARMICHAEL

(Member of Student Medical Education Committee.)

East Wing,
Guy's Hospital,
London, S.E.1.

" Bill "

SIR,—I have been Porter in the Dental School for twelve years and have now been told that I must leave the Department. I would, therefore, like to employ the columns of the *Gazette* to record my most sincere thanks to all the staff and students, past and present, who have helped to make my association with the Department such a happy one.

Yours, etc.,

BILL MASKELL.

Dental Department,
Guy's Hospital,
London Bridge, S.E.1.

[*We are pleased to report that Bill is now working in the East Wing, where his invaluable local knowledge is again being used to the full.*—Eds.]

Sign-ups

SIR,—I was interested to read your recent passim on my Report on Medical Education.[1] You mention the Guy's system of "sign-ups" as an effective way of making progressive assessments. While the present system contains the skeletal elements of such a system, it would have to progress considerably before it came to be of real educational value, or to approach a system of continuous and progressive assessment such as I recommend. It is first essential to decide and to state clearly what is to be expected of the student, and the basis on which he is to be assessed. The fullest amount of feed-back of information to the student, would have to be guaranteed, for if the assessment is to be of real use in controlling the learning process, the student must be kept continually informed as to how well he is measuring up to the necessary standards. A system similar to that at present being devised by Hannes Kapuste in Munich is perhaps the nearest we have so far approached to this ideal system. This sort of "sign-up" system would certainly be useful, both in assessing the student's ability (to the extent to which this is useful), and in effectively helping him to control the progress of his education. This would also assist to remedy one of the Royal Omissions—the relative over-emphasis on teaching (not *always* a very useful activity), and the relative lack of emphasis on learning (which the student does by himself—sometimes we can help him, the least we can do is not to hinder him).

Until these criteria, among others, are fulfilled, one cannot yet regard the Guy's "sign-up" system as a valid or useful part of any system of continuous and progressive assessment.

Yours, etc.,

M. A. SIMPSON, M.B., B.S.

London, W.C.1.

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[1] Report on Medical Education, 1968, M. A. Simpson, B.M.S.A., B.M.A. House, London, 1968.

I will arise now and write . . .

SIR,—Some friends and I are about to launch a small poetry magazine. It will appear quarterly and cost 2/6d. a copy. We hope the result may be distributed nationally through bookshops with a soft spot for poetry. We would like those who want to contribute to send their MSS to the East Wing to me. A S.A.E. must be enclosed if the MS is to be sent back through the post.

Perhaps, Mr. Editor, in a future edition of your magazine you will review ours.

Yours, etc.,

DAVID AVENEL RICHARDS.

East Wing,
Guy's Hospital.

SPORT

RUGBY

The Rugby Club have now spent their week of festivity, and pleasantly rounded it off with an easy win over Old Blues 20—0. The Anniversary match on October 30th was a fast-moving intelligent game, which was enjoyed by all, including the Guy's team.

On the previous Saturday the 1st XV had Oxford City as their guests. After one of the year's least memorable games, a draw 14 all seemed the easiest way to forget the whole afternoon.

The other members of the Sports Club are all flourishing, as the reports here will show. Most important, however, we think is recognition of our Olympic representatives, for which we refer readers to the correspondence column.

GUY'S v. CAMBRIDGE UNIVERSITY

At Grange Road, Cambridge October 12th
Result: lost 6—11

On a fine, sunny, East Anglian afternoon the University kicked off with the strong wind behind them. Jordan, the Blackheath full-back, quickly stamped his impression on the game with a simple penalty goal awarded against the *Guy's back-row who ran off-side at a wheeling* scrum. Cambridge gained ground by winning the loose-heels and high swirling punts from their big cumbersome fly-half. A misplaced clearance from Guy's was elegantly converted into points by Jordan who dropped a soaring goal from 35 yards.

The Guy's pack, at last rousing itself from a disastrously ponderous start attacked with an *impressive long throw with peel-off around the* line-out. A further menacing attack developed from a good loose heel on the right, a three-quarter movement left, and when halted, a rapid loose heel, which was criminally squandered by an aimless kick across field.

However, the threes showed their paces with Ross contemptuously knocking back Gerald Davies, the British Lions' centre, several yards in his powerful run. Novak also was brought down a few yards from the line after entering the line in the centre.

But the dénouement of the first Act, and perhaps of the whole game, was sprung upon us by Gerald Davies. From a set scrum he received the ball going left 30 yards out with several yards in which to move. With exceptional acceleration and a jink at speed he wrong-footed the Guy's defence and as Novak, covering, tackled him he handed on the ball masterfully to Saville who swept in under the posts. Jordan converted.

Half-time: Cambridge 11—Guy's 0

The second half with Guy's now taking advantage of the elements, was completely dominated by the hospital pack. From the set pieces they gained good possession much of which was wasted by fumbling hands or an over-indulgence in kicking. However, several exciting moves were seen and even the most fervent Cambridge supporters realised that *Cambridge's 11 points* were in jeopardy.

Elliott "topped" a penalty and then narrowly missed a long-range drop-goal. However, he eventually scored with a heartening penalty from 45 yards, following Cambridge's crooked scrummage.

Novak, playing his best game for Guy's, ran superbly down the right wing on 2 or 3 occasions only to be stopped inches short of the line. Also a fine centre break by Ross was unrewarded as he was overhauled from behind.

Then came two gloriously effective loose-heels enough to make Hugh Burry feel that the *forward coaching had been worth while, but again* the ball was smothered as the half-backs ran blind instead of open.

Elliott again narrowed the margin with a further penalty from the side-line.

Cambridge managed a sporadic attack on Guy's territory but almost immediately Guy's were on the offensive again. Neville peeled off the line-out, handed to Hey, to Blackwood, *then a loose heel . . . but the ball did not reach* the expectant threequarters.

Cambridge defended with great vigour as they always do. They play for their Blues at Twickenham and perhaps this was the difference between the sides. Cambridge started the match ferociously and notched up 6 points. Guy's were unable to be quite so effective in converting territorial advantage into points.

Then there was the one flash of genius from Gerald Davies, who was completely played out of the game in other respects, but made the vital try just before half-time.

Teams: D. R. Elliott, I. Morgan, J. R. M. Ross, J. F. Price, J. M. Novak; R. Barough, R. C. Croft; J. E. Davies (Capt.), G. B. Hey, E. Neville, C. G. Neville, J. M. Cockburn, P. A. L. Williams, R. Blackwood, D. A. Curson.

P.G.F.S.

GUY'S v. OLD ASKEANS

At H.O.P. *September 28th, 1968*
Result: won 8—3

Guy's kicked off into a stiff breeze against a compact looking old Askeans side. There was a good initial burst of determination by Guy's in an effort to erase the memory of an unenthusiastic display against Blackheath the previous week. This momentum was not sustained as six penalties were given away, with Guy's in *attacking positions, in the* first ten minutes. This seemed to be due to a lack of concentration around the scrum and loose scrums and also to stringent refereeing.

However, Guy's first score came from one of these penalties. The Askeans fumbled a short penalty on the half-way line, allowing Elliott to hack the ball on after coming up very quickly on his opposite number. He was beaten by the bounce on the line, but Fallowfield was on hand to touch down. Davies failed to convert a difficult kick into the wind.

Guy's continued to give away an endless stream of *penalties, same of which were* kickable. Counter attacking, Elliott used the wind to hold up some excellent hanging kicks, Ross followed several of these up with fine tackles but was without sufficent siupport to capitalise on them. Guy's second score came after 30 minutes when Novak led a rush along the touch line to establish a lineout 5 yards from the Askean's line. Fallowfield gathered

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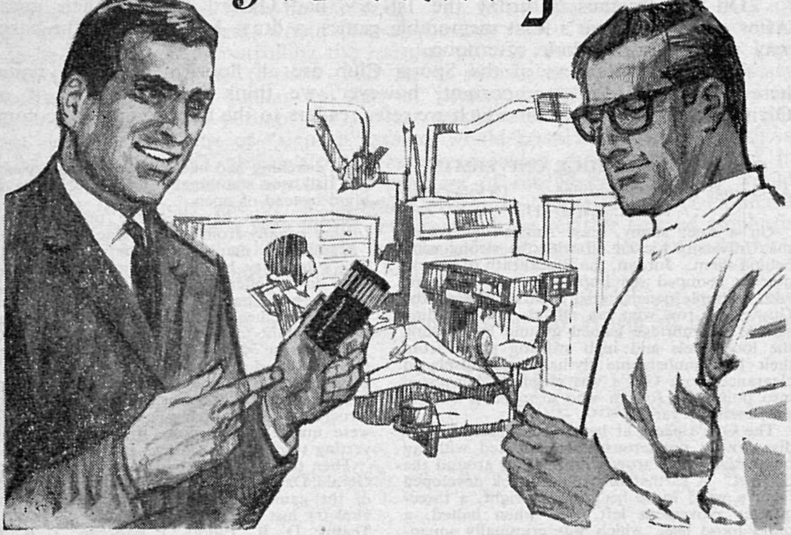

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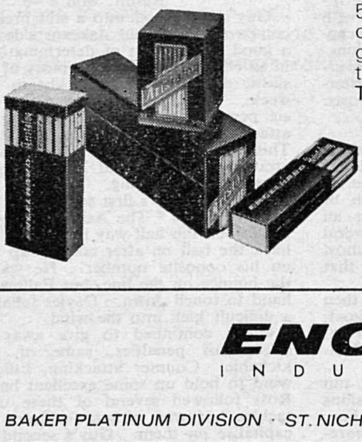

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a difficult long ball and slipped it to Neville as he dived over to score half-way out: Davies kicked a good goal.

Towards the end of the first half, the line-outs improved considerably, but the ball still did not get to the wings, who had walked through their opposite numbers in broken play.

As the second half progressed it became evident that although most players performed well in spasms, at no time was there a concerted drive forwards. The Askeans began to play more confidently and as both sides were frustrated by the general stalemate, the game became very ill-tempered. From one of their many penalties Smith finally kicked a penalty goal for the Askeans. The match ended without further score.

The side has since shown against U.S. Portsmouth what good football it can play, helping to erase the memory of the preceding drab game. An unfortunate result of the Askeans game is the injury of Davies at full-back who will be out for some time.

Team: W. W. Davies, J. R. M. Ross, J. F. Price, R. Barough, M. J. Novak, D. R. Elliott, R. C. Craft, J. E. Davies, G. B. Mey, S. G. Challacombe, C. G. Neville, J. Stoneham, P. A. L. Williams, R. Blackwood, A. Fallowfield.

J.M.C.

HOCKEY

FRESHERS v. SPIROCHAETES

At H.O.P. Sunday, October 13th

The annual Freshers v. Spirochaetes hockey match took place at H.O.P. under ideal conditions. The Spirochaetes, after four weeks of pre-season training together, were at a great advantage over the younger side, many of whom were playing in their second game of the season. The freshers soon found themselves three goals down, but with a great deal of encouragement from their captain, a fresher of many years standing, the team settled down to play some intelligent hockey. On two occasions the Spirochaetes goal was under heavy pressure but the Freshers were denied their first goal on both occasions. After another good move, the Freshers were awarded a short corner and this time Grace made no mistake in opening the scoring on behalf of the Freshers. With the score at 3—1 the interval was reached.

Some refreshment during the interval put new spirit into the Freshers and soon the Spirochaetes goal was once again in danger. On this occasion obstruction by the goalkeeper gave a penalty flick to the Freshers. Delaying tactics by the Spirochaetes goalkeeper were of no avail and Grace put the score to 3—2.

The stimulus, however, soon wore off and the Spirochaetes, being the fitter side added another two goals in quick succession to their total. Towards the end of the game, the Freshers came back with renewed vigour, but alas, their efforts produced no goals and the final score stood at 5—2 to the Spirochaetes.

The Freshers, playing together as a team for the first time, gave a good account of themselves against a fitter and more experienced Spirochaetes team. Two freshers, Burns and Clark are already playing in the 1st XI, and goalkeeper Ackner, after a very good game, is in the 2nd XI.

After tea, the usual "après sport" festivities started and here again Spirochaetes greater experience in these matters came to the fore.

As the old saying goes, "A good time was had by all" and the freshers will have happy and perhaps hazy recollections of their first of many hockey games at Guy's.

Thanks go to President and Vice-Presidents for their support, also to M. Knight who, with our Vice-President, Dr. Hunter-Craig umpired the game, and to all the other supporters present.

G.M.T.

Teams:- Spirochaetes: R. Clark A. Gillham (Capt.), M. Vallecoft, M. Fordham, C. Pearson, R. Kendrick, D. Silk, S. Cripps, A. Godfrey, M. Appleby, A. Wimskill.

Freshers: C. Ackner, J. Toplis, E. Morris, J. Grace, M. Roberts, R. Clark, R. Burns, R. Jones, S. Hanley, M. Rogers, M. T. Thomas.

SOCCER

GUY'S v. WESTMINSTER HOSPITAL

At H.O.P. Wednesday, 16th October

U. H. League

Result: won 5—3

In their second U.H. League match of the season, Guy's collected their first points by defeating Westminster Hospital by 5 goals to 3.

The lively Westminster attack produced several early thrusts, taxing the Guy's defence. Ahmed,the United Hospitals centre forward, was in great form, and Davey was hard put to contain him. Gradually however Guy's settled down, began to play football and were rewarded by the opening goal. Set clear on the halfway line by Jacobs, Drage made no mistake in slipping the ball past the advancing keeper. Encouraged, Guy's opened out and Lindridge soon made the score 2—0. The ever alert Ahmed capitalised on a mistake by Davey to give the interval score of 2—1.

As in the first half Westminster opened impressively. When Ahmed scored a brilliant opportunist goal to level the scores, things began to look ominous for Guy's. However, within three minutes Guy's have taken the lead again through Godman—a fresher—after Dutta had drawn the keeper out of position. For a time the game swung into a negative phase which ended when Drage was tripped in the Westminster penalty area. Lovell scored from the spot. Not finished, Westminster pressed hard, but in fact their third goal was a very lucky effort indeed. Just before the end, Drage clinched the issue, powering home after being put through by Londridge.

A useful victory against a good Westminster side. Unfortunately for Guy's the injury hoodoo struck again, Jacobs becoming the fourth 1st team player incapacitated this season. One wonders what will happen to his Siamese twin Drage now that Jacobs is missing !

Team: J. Wood, S. Milnes, I. Nash, R. Lovell, R. Davey, J. Edwards, T. Dutta, D. Jacobs, S. Drage, D. Lindridge, A. Godman.

R.L.

GUY'S v. ROYAL HOLLOWAY COLLEGE

University League October 19th, 1968

Result: won 6—3

Under ideal conditions, Guy's got off to their customary slow start against Royal Holloway College in the opening game of their University League programme. In fact, the Guy's defence were imprisoned in their own half by Holloway for some time. However, this proved to be the lull before the storm as Guy's proceeded to turn in their best performance of the season. With Lindridge and Poole injured, we saw the return to the side of Leeburn and McClure,

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the latter having been absent through injury. In fact it was McClure who opened the scoring. Guy's finally broke-out, and their first attack was rewarded with a free-kick on the edge of the penalty area. The result was an extremely cunning chip from McClure over the defensive wall, the ball entering the top corner of the net. Keeping the initative, Guy's launched a number of crisp attacks, and a second goal soon followed. A cross from the right was brilliantly brought under control by Godman, who gave the goalkeeper no chance. However, slack marking gave the opposing centre forward an easy chance to reduce the arrears, much to the delight of Holloway's female followers who kept up non-stop if not inane shrieks from the touchline. Unfortunately, our supporter M. J. Watson, was absent. Soon after "Cannon" Drage was involved in a collision with the goalkeeper while chasing a throughball. The goalkeeper came off worse, of course, and had to leave the field with an injured shoulder, much weakening the Holloway's defence. Further goals soon came from Godman and Dutta, who were both having very good games on the wings. Holloway made a further reply just before half-time.

The pattern of the second half did not follow that of the first and after a period of rather scrappy play Holloway came back into the game when "iron-man" Davey failed to communicate with the ball, and the opposing centre forward ran through to score. However, straight from the restart Guy's launched a quick attack which was only partially cleared and as the defence came out Lovell hit a superb dipping drive from 25 yards which flashed inside the far post. Soon after, a through ball from McClure was hammered home by Drage to round off the scoring. A good all-round display by Guy's, but special mention must be made of J. Edwards at full-back who is improving with every game.

S.D.

WATER POLO

U.H. League 22nd October

All three Guy's teams had fixtures on the first day of the new season. However, the London Hospital did not turn up, and the first team, who were due to play them, were given a walk-over.

The second team played Mary's II, and went into a 3—1 lead by the end of the first quarter. However, a goal from the opposition in each of the next two quarters made the score 3—3 at the beginning of the last quarter. Bavis scored half-way through the quarter, and the team held on to win by the odd goal. This was a very good game of waterpolo, with both sides playing in an intelligent and exciting manner. J. Wood made some good saves in goal; and C. Bavis, who scored all 4 goals, has benefitted a lot from the tour, and is now a much more forceful player.

Team: J. Wood, M Adkins, C. Bavis, B. Wright, P. Williams.

The third team consisted entirely of freshers, and lost their game against Goerge's II by 5—2, the scorers being Cotterill and Davies. We are lucky in having one or two promising freshers this year, who may well be in the 2nd team by the end of the term. We welcome them all to the club, and hope they will enjoy playing polo with us.

Team: M. Cotterill, J. Clark, R. Bowring, H. M. Davies, C. Gilbert.

K.H.

SWIMMING

SWIMMING GALA

Monday, October 28th

The annual gala at Mile End Road was moderately well supported, although last-minute rain probably kept away quite a few people who would otherwise have turned up. The more serious races were swam first, with Sally May doing particularly well for the ladies: the honours in the men's races being shared between several swimmers. Mrs. Cambell very kindly presented the prize at the end of the gala.

These were followed by a mixed three-legged race D. Foulds decided to float on his back whilst his partner swam breast stroke. The effort of propelling two bodies to the end of the post virtually unassisted was too much for her, and the couple were soon out of the running. F. Wormcott and Co. put in a very promising performance, but a shrewd choice of partner by a Worcestershire Junior, thinly disguised as M. Adkins paid dividends when Sally May helped him storm to victory in the last five yards.

The mixed water-polo match, men playing left-handed, came next, F. Wormcott soon adapted to the new style of play, and after several attempts, succeeded in being sent out towards the end of the first quarter. In the second quarter D. Davidson used the ball skilfully in his efforts to draw the opposition within range. M. Adkins made some spectacular leaps in goal without actually touching the ball, and at half-time, the nurses were leading 4—2. In the third quarter D. Foulds, making a guest return visit, reminded us of his hey-day by being sent out—again. The final quarter saw the men's side trying to introduce a more physical mode of play, which lead to the ladies bring awarded a penalty. Even a late modication of the rules, allowing three goalkeepers, did not prevent the goal, which received victory for the ladies by 6—3.

Finally the beer race. The angels' and captains' teams showed the best drinking technique, but the subtle tactics of swimming a four leg relay on their own proved too much for S. Challacombe and D. Foulds, and a modified football club team came home three yards clear.

Results:

Ladies 30 yds, Frestyle.—1, S. May; 2, L. Langley.

Ladies 30 yds, breasttroke.—1, S. May; 2, M. Kelly.

Ladies 30 yds, backstroke.— 1, G. Hodges; 2, L. Langley.

Mens 100 yds freestyle.— 1, Anderson; 2, Northcott.

Mens 110 yds breaststroke.—1, Robinson; 2, Howard.

Mens 100 yds backstroke.—1; Davidson; 2; *Gilbert*.

Mens 60 yds butterfly.—1, Adkins; 2, Clark.

Mens 440 yds freestyle.—1, Northcott; 2, Anderson.

R.H.

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SQUASH

GUY'S v. ST. THOMAS'S HOSPITAL

October 22nd, 1968
Result: won 5—0

Jonathan Webb began our series of wins over St. Thomas's Hospital in the first round of the Cumberland Cup. After losing the first game. Webb ran and hit his way accurately to victory, pausing only to allow his opponent the fourth game, before taking the fifth. Bruce Mathalone determinedly took the first two games from their second string. But then he seemed to lapse into a less industrious form of play, using his position on the court more than the actual shots to frustrate his opponent into making mistakes. Happily the fifth game saw the return of his original form to help him win the game.

Their third string played a very good touch game with an impressive variety of shots, but Charles Enfield's harder and less erratic play won him the match in four games. Both Peter Shaw and Adrian Thomson managed to win their matches after several interruptions from the York Clinic porter and visiting housemen. This gave Guy's a useful and convincing win towards getting in to the second division of the competition.

Team: (1) J. Webb, won 3—2; (2) B. Mathalone, won 3—2; (3) C. Enfield, won 3—1; (4) P. Shaw, won 3—0; (5) A. Thompson, won 3—2.

T.S.

LONDON UNIVERSITY MEN'S SQUASH LEAGUE

Guy's League team have so far played two matches, and have an unbeaten record. Against the London School of Hygene and Tropical Medicine the team won 3—1 through Edward Evans, John Lewis, and Robert Lomax. Last year we lost 1—3 to them so this was a very good result. A social evening wa had later.

Against rather weaker opposition in Westfield College the team also won 3—1. The winning three being Richard Von Witt, David Richards, and Don Barford. Unfortunately the two losses were both sustained by the captain who shall remain anonymous.

At present we have several very evenly matched players and a good season should be forthcoming.

J.C.

SAILING CLUB

GUY'S I v. THOMAS' I

(Guy's lost 16 pts.—6pts.)

GUY'S II v. THOMAS' II

(Guy's won 10 pts.—12 pts.)

The U.L. winter season has seen the introduction of a new two-boat league with two, ten team, divisions

In division one, Guy's I were beaten by a very strong Thomas' team which included two British University helms.

Guy's II in division two gained revenge over another strong Thomas' team, and showed their ability to capitalise on good starting positions.

Teams: I (G. Barker, M. Bye); II (G. Hall, A. Walker).

G.B.

GUY'S v. LONDON HOSPITAL

GUINNESS CUP
(Inter-Hospital Championship)
2nd Round

Following our victory against Middlesex Hospital last term, the same 3-helm team had another comparatively easy win over a strong London team.

In light, fluky winds, the first race was closely fought over the first leg of the course, but superior boat speed enabled us to achieve good covering positions and a 3¼ point advantage for the second race.

A good start in the second race allowed our 3 boats to again obtain effective covering positions and finish 1st, 2nd and 3rd.

Overall Points (Guy's 14½ pts. London 27 pts.)

Team: G. Barker (Capt.) M. Bye, G. Hall, A. P. Walker, P. Sinclair, M. Hirst.

GUY'S v. SUSSEX UNIVERSITY

Guy's won (5½ pts.—13¼ pts.)

In blustery, wet conditions, Guy's again showed their team racing efficiency, and were rewarded by a relatively easy victory over Sussex University.

Only four boats were available for our match sailed on a large puddle a few miles outside Brighton, but in two races we were able to achieve comfortable 1st and 2nd placings with minimum points.

Team: G. Barker (Capt.), M. Bye, G. Hall, P. Sinclair, A. Walker, N. Fieldman.

G.B.

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GUY'S HOSPITAL

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J. N. B. Allen — Certificate

1st M.B. Students

October, 1968

Ackner, C. B.	Rugby School, Warwicks.
Burns, R. W.	Mill Hill School, N.W.7.
Carter, Dianne, P.	St. Mary's School, St. Leonards-on-Sea, Sussex.
Cottrill, M. R. B.	Wrekin College, Wellington, Shropshire.
Farrell, R. K.	Hurstpierpoint College, Sussex.
Gornacz, G. E.	Clapham College, S.W.4.
Howard, C. B.	Clifton College, Bristol, 8. Coventry Technical College, Coventry.
Krafft, Jill, M.	The University of Nottingham
Lacey, C. J. N.	The University of Sussex, Brighton.
Owen, G. T.	Llandovery College, Carmarthenshire.
Parker, R. C.	Colchester Royal Grammar School, Essex.
Richardson, J.	Bedford School, Beds., British Royal Naval College, Dartmouth.
Rix, B. D.	Uppingham School, Rutland.
Rowlandson, P. H.	Marlborough College, Wiltshire.
Saumarez, R. C.	Charterhouse, Godalming, Surrey.
Stokes, J. E. T.	Cranleigh School, Surrey.
Tilley, J. S.	Sherborne School, Dorset.
Trethowan, W. N.	South Birmingham Technical College, Birmingham, 31.
Wink, M. J.	Wimbledon College, S.W.19.
Wozniak, A. P.	John Fisher School, Purley, Surrey.
Wright, C. M. V.	The Hall, Repton, Derby.

2nd M.B. Students

October, 1968

Allen, N. J.	Bradford Grammar School, Bradford, 9.
Angove, S. B.	Helston Grammar School, Cornwall.
Au, K. H. K.	Eltham College, S.E.9.
Ayers, J. G.	Woodhouse Grammar School, N.12.
Baker, C. J. L.	Merchant Taylors School, Northwood, Middlesex.
Barnes, T. R. E.	Bexhill County Grammar, School, Sussex.
Battersby, R. D. E.	Haileybury and I. S. College, Hertford Heath, Hertford.
Bergman, G. W.	Minster Grammar School, Southwell, Nottingham.
Birch, Philippa, S. J.	North Kesteven Grammar School, Lincoln.
Bishop, N. L.	Churston Ferrers Grammar School, Brixham, Devon.
Bowering, R. J. B.	Bristol Cathedral School, Bristol, 1.
Boyce, P. M.	Hurstpierpoint College, Hassocks, Sussex.
Boyle, B. H.	The King's School, Worcester.
Bradford, D. K.	Eastbourne College, Sussex.
Brown, Sarah, J.	Howell's School, Denbigh, N. Wales.
Bullingham, R. E. S.	King Edward VI Grammar School, Stourbridge, Worcester. Churchill College, Cambridge.
Bullock, D. W.	Hymers College, Hull, Yorkshire.
Byrom, N. P.	Wyggeston Boys School, Leicester.
Carter, Claire, M. W.	Medway College of Technology, Chatham, Kent.
Chmielewski, A. T.	Hemel Hempstead Grammar School, Hertford
Clift, Mary, E. F.	Bromley Grammar School for Girls, Kent.
Coe, M. J. O.	Eltham College, S.E.9.
Cox, T. J.	Sandown Grammar School, Isle of Wight.
Coxon, R. D. A.	Magdalen College School, Oxford.
Curran, Philippa, M.	St. Michael's Convent, London, N.12.
Daily, H. R.	Abbotsfield Secondary School for Boys, Hillingdon, Middlesex.
De Cates, Caroline, R.	Bexhill Girls Grammar School, Sussex.
Dow, Helen	Commonwheel Lodge School, Purley, Surrey.
Durnford, S. J.	Repton School, Derby.
Edwards, T. J.	Brentwood School, Essex.
Ellis, A. W.	Torquay Boy's Grammar School, Devon.
Ellis, C. J. K.	Dulwich College, London, S.E.21.
Evans, Alexa, M. M.	Blackheath High School, S.E.13.
Fuller, H. D.	Whitgift School, South Croydon, Surrey.

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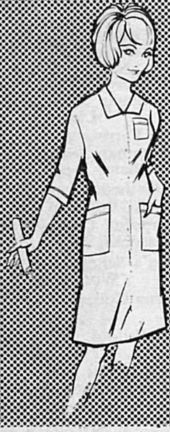
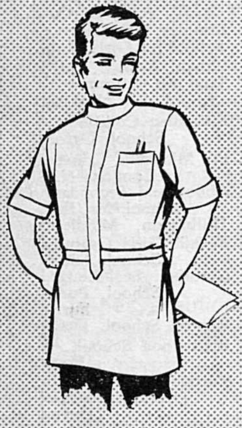


JANET
A straight style with zip front, $\frac{3}{4}$ sleeve in white Bri-nylon, also poplin. SW. W. WX. **47/6d**



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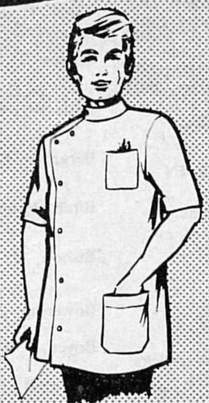

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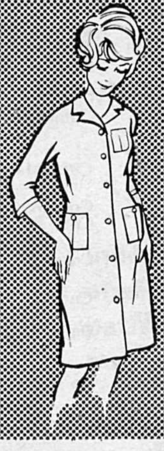
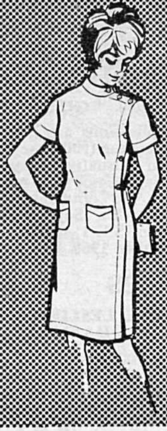


JANE
A straight button front style with $\frac{3}{4}$ sleeve in white Bri-nylon, also poplin. SW. W. WX. **45/6d**



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Long sleeves to order.

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Ralli, A. M.	Orange Hill Grammar School, Edgware, Middlesex
Ranger, P.	King's College, Taunton, Somerset
Renshaw, A. J. N.	Gosport County Grammar School Hampshire
Rogers, M. J.	Sevenoaks School, Kent
Stafford, P. W.	Cranleigh School, Surrey
Stephens, J.	Mill Hill School, N.W.7
Strang, J. S.	Bryanston School, Blandford, Dorset
Thom, Margaret, H.	James Allen's School for Girls, S.E.22
Tobin, G. B.	Somerset School, N.17
Townsend, J. S.	Forest Fields Grammar School, Nottingham
Wang, K. K. K.	Acton Technical College, W.3
Weindling, A. M.	Highgate School, N.6
White, N. J.	St. John's College, Southsea, Hants.
White, P. R.	Clapham College, S.W.4
Williams, R. H. M.	Bradfield College, Near Reading, Berks.
Wilson, R. J.	Exeter School, Devon
Winter, J. B. M.	Malvern College, Worcs.
Yetton, W. R.	Haileybury and I.S. College, Herts.
Young, P. W.	Bridlington School, East Yorkshire

2nd M.B.—Combined Course

Mace, M. C.	St. Dunstan's College, S.E.6 Guy's Hospital Dental School, S.E.1

Clinical Students for Entry in 1968

Anderson, J. S. N.	Wellington College, Crowthorne, Berks. Selwyn College, Cambridge
Bartlett, N. C.	Wellington College, Crowthorne, Berks. Queen's College, Cambridge
Beaumont, Bernice, R.	Roedean School, Brighton Girton College, Cambridge
Brown, Susan, M.	Maidstone Girls' Grammar School, Kent Girton College, Cambridge
Burns, T. P.	Churchfields Comprehensive School, West Bromwich, Staffs. Selwyn College, Cambridge
Cook, D. A. G.	Westminster School, S.W.1 Christ Church, Oxford
Dalziel, J. A.	Windsor Grammar School, Berkshire Trinity College, Cambridge
Davies, M. H.	Wycliffe College, Gloucester Keble College, Oxford
Davies, N. S.	Merchant Taylor's School, Liverpool 23 Emmanuel College, Cambridge

De Carteret, Althea, M.	Doncaster Grammar School, Yorkshire	Girton College, Cambridge
Fieldsend, R. C.	Canford School, Wimborne, Dorset	Christ's College, Cambridge
Gorst, D. W.	Birkenhead School, Cheshire	New College, Oxford
Hay, R. J.	Wellington College, *Crowthorne*, Berks	Merton College, Oxford
Hooker, A. N.	St. Lawrence College, Ramsgate, Kent	Queen's College, Cambridge
Jackson, P. G.	Tonbridge School, Kent	Sidney Sussex College, Cambridge
Jackson, W. F.	Haberdasher's Aske's School, Elstree, Herts.	Clare College, Cambridge
Jezzard, R. G.	Sir Roger Manwood's Grammar School, Sandwich, Kent	Gonville and Caius College, Cambridge
Jones, D. R.	The County Grammar School, Brynmawr, Brecs.	Selwyn College, Cambridge
Klass, H. J.	Manchester Grammar School	Gonville and Caius College, Cambridge
Mackay, J. D.	Haileybury and I.S.C., Herts.	Corpus Christi College, Cambridge
Marriott, P. J.	Newport Grammar School, Essex	Gonville and Caius College, Cambridge
Morgan, J. A.	Epsom College, Surrey	Jesus College, Cambridge
Murgatroyd, A. B.	Ashville College, Harrogate	Brasenose College, Oxford
Pepper, J. R.	Epsom College, Surrey	Clare College, Cambridge
Polkinhorn, J. S.	Atlantic College, Glamorgan	Gonville and Caius College, Cambridge
Raper, D. A.	Bryanston School, Dorset	Brasenose College, Oxford
Redding, Georgina	Erdington Grammar School, Birmingham	Girton College, Cambridge
Reuben, M.	Christ's Hospital, Horsham	Sidney Sussex College, Cambridge
Thompson, K. O.	Altrincham Grammar School, Cheshire	Magdalene College Cambridge
Turner, J. H.	Cheltenham Grammar School, Gloucester	Trinity Hall, Cambridge
Wheal, J. D.	The John Ruskin Grammar School, Croydon	Peterhouse, Cambridge
White, Christine, R.	Doncaster High School, Yorkshire	Newnham College, Cambridge
Williams, J. G.	Cranleigh School, Surrey	Pembroke College, Cambridge
Williams, D. G.	Cardiff High School, Wales	King's College, Cambridge
Wrout, J. D.	Canford School, Dorset	Merton College, Oxford

1st B.D.S. Students

October, 1968

Brownjohn, M. A.	Eastbourne College, Sussex City of Westminster College, S.E.1
Clark, R. H.	Epsom College, Surrey
Fennell, M. L.	Southampton Univ., Hampshire
Hancock, J. C. R.	Harrow School, Middlesex
Howes, M. J.	The Grammar School, Enfield, Middx.
Klyve, Aud, W.	Kristiansand Katedral Skole, Norway
Leithead, Jennifer, A. P.	Sir William Perkins School, Chertsey, Surrey
Ming, S. K.	Raihondi College, Hong Kong Hendon College of Technology, N.W.4
Moorhouse, F. J.	St. Chad's College, Wolverhampton, Staffs.
Oram, D. A.	Thomas Bennett School, Crawley, Sussex
Pinckney, R. G. D.	Kingsbridge School, S. Devon
Pollock, M.	Hasmonean Grammar School, N.W.4 Yeshivat Kol Torah, Jerusalem, Israel
Read, L. J.	Culford School, Bury St. Edmunds, Suffolk
Read, P. N.	St. Chad's College, Wolverhampton, Staffs.
Ritchie, J. W.	Epsom College, Surrey
Robinson, R. J.	Tudor Grange School, Solihull, Warwicks.
Rydning, P.	Riis High School, Oslo 3, Norway
Turnpenny, Jennifer, M.	Prendergast Grammar School, S.E.6
Webb, J.	Bishop Challoner School, Shortlands, Kent
Whiting, Katherine, V.	Dinas Bran School, Llangollen, Denbighshire
Willis, C. P.	Raleigh Sweyne Grammar School, Raleigh, Essex The International School of Geneva, Switzerland

2nd B.D.S. Students

October, 1968

Ah-moye, J.	Seychelles College, Seychelles Is. Norwich City College, Norfolk
Archer, D. R.	Slough Grammar School, Bucks.
Barker, R. J.	Watford Grammar School, Herts.
Bodycombe, Elizabeth, J.	The Grammar School, Pontardawe, Glam.
Borsberry, M. J.	Dulwich College, S.E.21
Buckley, J. N. E.	Cheadle Hulme School, Cheshire
Clark, J. A.	Ottashaw School, Chertsey, Surrey
Colman, J. A.	Bradfield College, Berks.
Cooper, B. K.	Woodhouse Grammar School, N.12 Barnet College of Further Education, Herts.
Cooper, P. A.	Tonbridge School, Kent West Kent College, Tunbridge Wells, Kent
Cottam, D. R.	Giggleswick School, Settle, Yorks.
Crapper, H. J.	The Woodlands School, Coventry
Davies, A. H.	Ystalyfera Grammar School, Wales Swansea College of Further Education, Glamorgan
Davis, Penelope, J.	Wells Blue School, Somerset
Dennison, Diane	Tonbridge Girls' Grammar School, Kent
Drew, M. M.	Duke of Yorks Royal Military School, Dover, Kent
Edwards, A. P. P.	Applegarth School, Godalming, Surrey
Emery, G. W.	Bristol Grammar School, Bristol, 8
Gilmore, Hazel, K.	Farnham Girls' Grammar School, Surrey
Godman, A. K.	Salesian College, S.W.11
Grant, N. R.	St. Lawrence College, Ramsgate, Kent
Hajdoukiewicz, P.	High Wycombe College of Tech., Bucks
Hawkins, J. B.	Highgate School, London, N.6
Hirst, Margaret, M.	Stamford High School, Lincs.
Honeyman, Betty, A.	Ilford High School, Essex
Hudson, T. M.	Richard Hale School, Hertford
Jones, D. G.	Stafford House Tutorial Coll., W.9
Kane, R. W.	William Ellis School, N.W.5
Lee, A. T. L.	The Cathedral School, Bristol Bristol College of Commerce
Lee, Sandra, B.	Vaynor and Penderyn Comprehensive School, Merthyr Tidfil, Glam.
Marcus, G. B.	Northampton Grammar School, Northants.
Milner, S. M.	Hackney Downs School, E.5
Morton, Maire E.	Ursuline Convent School, S.W.20
Moseley, K. J. J.	St. Nicholas Grammar School, Middlesex
Munday, R. K.	Grammar School for Boys, Weston Super Mare
Owen, J. C. A.	St. Mary's School, Nairobi, Kenya
Parker, A.	Newbridge Grammar School, Monmouth
Pearce, N. A. M.	University College School, S.W.1
Poulton, Elizabeth, S.	King Edward's School, Witley, Surrey
Rigg, K. F.	Bolton School, Lancs.
Roberts, M. C.	Tavistock School, Devon
Russell, R. G.	Queen Elizabeth's Boys Grammar School, Mansfield, Notts.
Sands, T. P.	Woolwich College of Further Education, S.E.18
Schaller, M. L.	Bancroft's School, Woodford Green, Essex
Shepherd, M. J. C.	Rutlish School, S.W.20
Smith, D. G.	Audenshaw Grammar School, Lancs.
Stuart, D. A.	Bacup & Rawtenstall Grammar School, Rossendale, Lancs. Northern Polytechnic, N.7
Symes, Monica, R.	Kingston College of Further Education, Surrey
Turner, Lynne, A. C.	Ockbrook Moravian School for Girls, Derby
Turner, S.	Boundstone Lane Comprehensive, Lancing, Sussex
Walter, Katherine, M.	St. Philomena's School, Carshalton, Surrey
Walters, T. J.	Guildford Technical College, Surrey
Williams, Elizabeth, C.	Glanmor County Secondary School for Girls, Swansea, Glamorgan
Wood, R. L.	Bournemouth College of Technology, Hants.

PERSONAL

GUY'S DENTIST *taking up full-time Hospital* appointment seeks successor for established practice in Orpington. Box No. 1/11 Guy's Hospital Gazette.

ASSISTANT with a view to partnership required in an all Guy's dental practice on South Coast. Four Surgeries in a fine Georgian house in centre of town. Gosport 80852 or Box No. 2/11 Guy's Hospital Gazette.

WANTED—*Guy's man requires associate* partner general practice thriving suburb Portland population 80,000, glorious sailing, golf, ski-ing. Entree three hospitals only seven G.Ps. Would guarantee income £125 monthly till association 50—50. Gross income 1967 £18,000. Medical registration State Board exam December 1968. No. ECFMG required. Further particulars LECKIE, 94, Auburn Street, Portland, Maine, U.S.A.

KABUL, AFGHANISTAN—Locum required for four months from February '69. Well-equipped surgery situated in American Embassy, serves foreign community of approximately 5,000. House, Car available. Excellent Hunting, Fishing, Riding, Ski-ing. J. J. Otrovsky, American Embassy, Kabul.

CHANGE OF ADDRESS

Dr. and Mrs. Howard Mowbray, 178 Bilford Road, Worcester. Tel. Foregate 3643.

BIRTHS

McILLERON—On 28th October at Vanderbijlpark Hospital, South Africa, to Jill (née Joslin) and Geoffrey McIlleron a daughter, a sister for Jane and Helen.

WATERS—On 25th October, to Val (née Quant, S.R.N.) and Dennis Waters, L.D.S., R.C.S. a son, Timothy Richard.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Personal notices and Birth, Marriage and Change of Address notices must be pre-paid.

Personal notices one shilling per word (minimum £1. 1s. 0d.)

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS C. B. BROWN and P. J. DAVENPORT
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2096

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Your Letters

The correspondence columns of the *Gazette* often contain pretty controversial matter, and last week's column did contain some interesting points of view. For further developments we would commend to you the correspondence published this fortnight. Has the infection of Student unrest at last reached these hallowed portals? These are no mere rantings about food, the overcrowding in the spit, or the lack of Student accommodation (for this, see page 667 of this issue). There has now been a challenge to both the Medical School and to the Students' Club Council, and it is interesting to see that the Students' Council has already answered, and it will be interesting to see what answer the Medical School will make. We invite them to make use of the *Gazette*. It will only be by frank and fairly public discussion of the opposing views that a satisfactory arrangement will be arrived at.

I was angry with my friend,
I told my wrath, my wrath did end.
I was angry with my foe,
I told it not, my wrath did grow.

Christmas Cards

In response to popular demand, Christmas Cards will again be available this year at the *Gazette* Office and at the Superintendent's Office.

The design incorporates a choice of 3 Hanslip Fletcher Etchings of the hospital. Prices are: 8d. each or 7s. 6d. per dozen.

They are also available by post in Great Britain on application to the *Gazette* Office at 8s. 6d. (Pre-paid) per dozen.

Congratulations

We offer our congratulations to Mr. Michael D. Sanders, F.R.C.S., M.R.C.P., on his appointment as Consultant Ophthalmologist to the National Hospital, Queen's Square, London.

The Christmas Edition

The Christmas Edition of the *Gazette* will be published on Saturday, December 21st. We invite readers to send in any contributions that they would like to be considered for publication in this number. The only stipulation being that they must reach the *Gazette* Office before December 9th. Any humorous article, poem or sketch *will be considered—the emphasis will be on humour.*

A Problem of Communications

One of the main functions of this magazine must always be as an organ of communication. Towards this end we plan to publish resumés of the minutes of meetings of the Clubs' Union Council and the Students' Club Council, and we hope that this will only be the first step in a process of increasing the dissemination of information through the Hospital and among those Guy's graduates, Medical, Dental and Nursing, who receive the *Gazette.*

This aim will only be achieved if those responsible for arranging events of importance in and around Guy's or in the Guy's Associations around the country provide the Editors with sufficient information at an early date and, even better, submit a report after the event for the Editors to consider publishing in the *Gazette.* Recently we have had an example of this lack of information in that there was little information available about the celebrations of the Bicentenary of one of Guy's most famous sons; true, we were fortunate in being sent the excellent report from Dr. Batty-Shaw that was published last fortnight and we are most grateful to him, but how often does an event of importance to past and present members of the Hospital pass unrecorded for those unable to attend ?

As an aid to the spread of information and as encouragement to people to attend such events, Guy's Diary will be expanded to include up to the date information on happenings in and about the Hospital. This will not preclude the advertisement of such events in the Notices section, since the Guy's Diary will contain only brief notes on the events. We offer this as a service to all Club Secretaries and Organisers.

GUY'S DIARY

NOVEMBER

23	Sa.	10.00	Clinico-Pathological Conference (in Clinical Theatre).
29	F.	1.00	Clinical Lecture. Dr. MACLEAN. "The Pathogenesis and Treatment of Stroke."
		2.15	Combined Round. Dr. MOYNAHAN (in Pre-Clinical Classroom).

DECEMBER

2	M.	1.00	Clinical Lecture. Dr. BAKER.
3	Tu.	1.00	Clinical Lecture. Dr. MACKENZIE. "Pain in the Arm."
5	Th.	1.00	Clinical Lecture. Dr. EVANS. "Dwarfs."
6	F.	1.00	Clinical Lecture. Mr. BRAIN. "Oesophagitis in Infancy and Pregnancy."

EXHIBITIONS in the Gordon Museum—December :—

Transient Ischaemic Attacks.
Odonto-Kerato Prosthesis.
Pathology Quiz No. 3.

THE COST OF DRUGS-II

by

R. K. Knight

SEDATIVES and TRANQUILLISERS

Whether or not our society demands them these drugs are prescribed on a gigantic scale. It is tempting to wonder how many are actually swallowed. There are presumably circumstances where Librium or Valium are considered to be more appropriate than amylobarbitone but the relative costs should be borne in mind. Table 2.

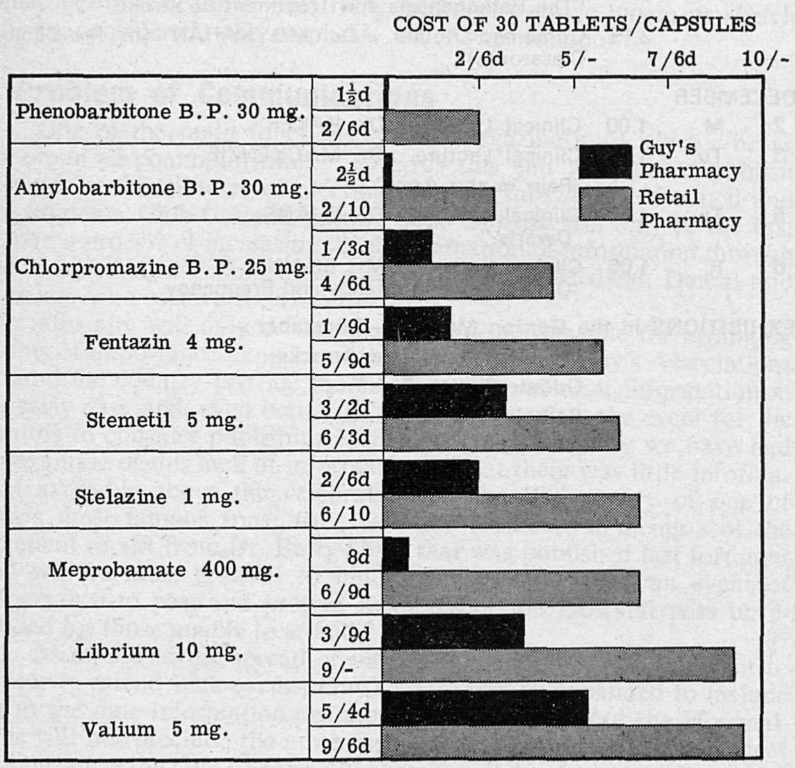

Table 2.

ANTI-INFLAMMATORY AND ANALGESIC DRUGS

Aches and pains are common symptoms usually requiring relief. *An amazing number of drugs are offered for this purpose, some are* listed in Table 3.

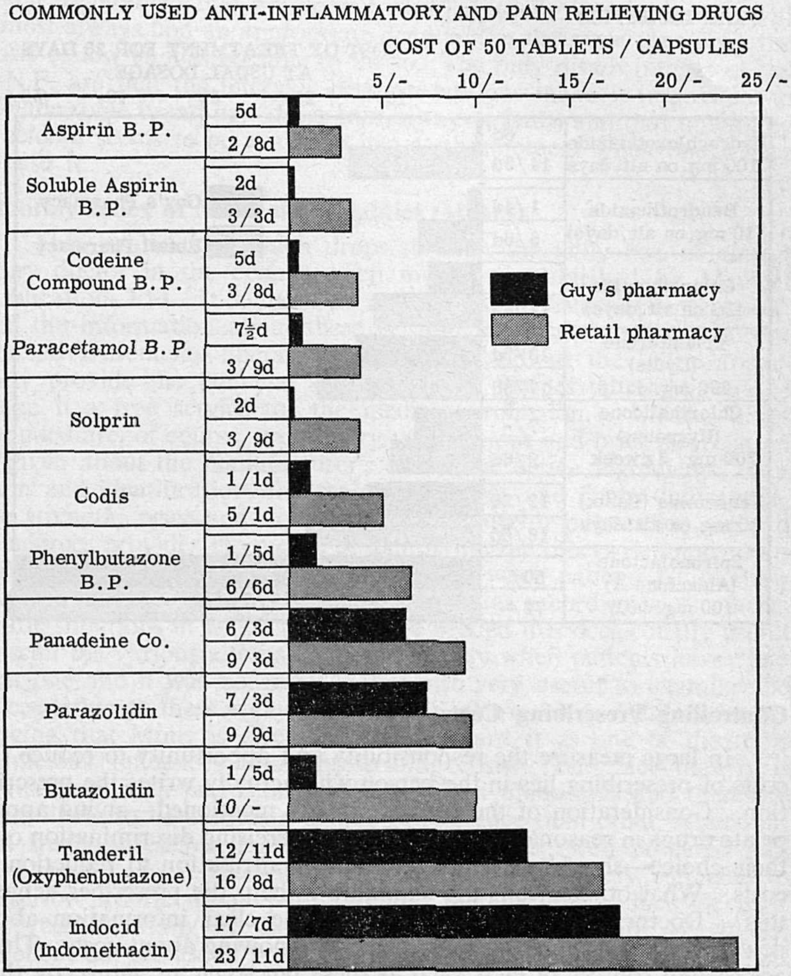
COMMONLY USED ANTI-INFLAMMATORY AND PAIN RELIEVING DRUGS

Table 3.

DIURETICS

This group of substances is another in which huge profits are to be made and the rush to grab the market is all too evident in the advertising literature. Frusemide, for example, has made phenomenal inroads in the last few years. Its action is similar to the thiazides but the diuresis produced tends to be more rapid and less prolonged. Potassium supplements are required. It is likely that in many instances where frusemide is prescribed a thiazide diuretic would be equally effective and it is often reasonable to start with a thiazide. Table 4.

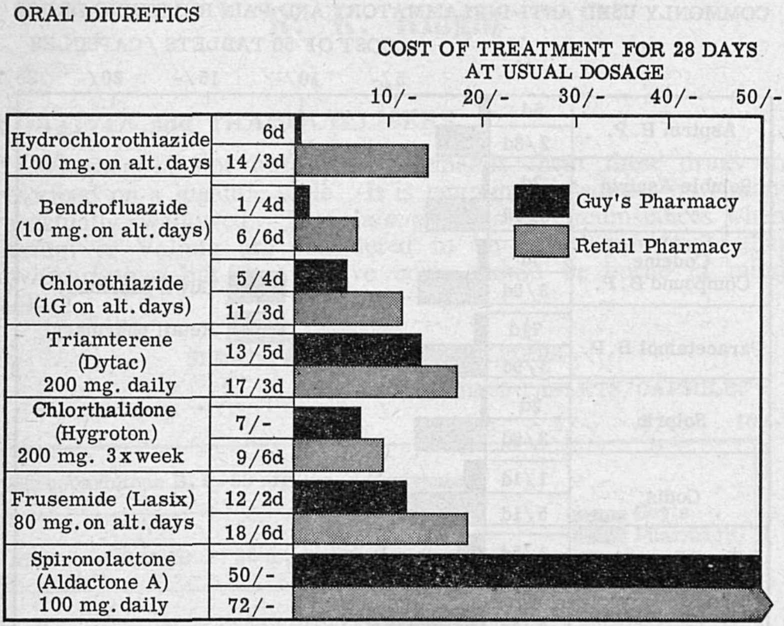

Table 4.

Controlling Prescribing Costs

In large measure the responsibility and opportunity to reduce the costs of prescribing lies in the person who actually writes the prescription. Consideration of the factors already mentioned—giving appropriate drugs in reasonable quantities and exercising discrimination over their choice—should make a substantial contribution to reduction in costs. What other means are available to help the prescriber achieve this? Doctors must have readily available clear information about new drugs and have some easy means of knowing about costs. There are several sources of facts such as these but some are more coy than others about presenting information on prices.

British National Formulary (B.N.F.)

This splendid little book first appeared twenty years ago and is now in its seventh edition. It is published jointly by the British Medical Association and the Pharmaceutical Society of Great Britain and is prepared by the Joint Formulary Committee. The Committee consists of nearly fifty members of the medical and pharmaceutical professions in about equal proportions and they have selected from the very large number of drugs available those which serve the requirements of most prescribers. As well as giving details about drugs which may be needed for the treatment of almost anything from Amoebiasis to the Zollinger-Ellison syndrome there is a good deal of useful general information. Prices are not mentioned but it can be taken for granted that prescribers who habitually use the B.N.F. will almost always find an appropriate drug and at the same time keep the costs as low as it is possible to do so. The only disadvantages of the B.N.F. are that the intervals between editions make it impossible to include some brand new drugs (not always a fault) and that unhappily it seldom seems to be available just at the moment when one wishes to use it.

Monthly Index of Medical Specialities (MIMS)

This publication, which drops through the letter box of almost every doctor in the country each month, is published by Medical Publications Ltd. It contains an indexed list of "ethical preparations" and the information about these is supplied by their manufacturers. The advertisements liberally scattered throughout the Index apparently provide the financial support which enables the publishers to make it a free service to the medical profession. All the drugs included are, of course, proprietary preparations and brief information is given about the manufacturer's name, the active ingredients, their form and identification, the main indications and contra-indications, the strength, price and dose. Mims is a useful publication since it sometimes provides the means of identifying the otherwise anonymous pills which we are often obliged to inspect when patients try to show us what they are taking. By classifying drugs according to the therapeutic situations in which they may be needed it is occasionally useful to scan the various alternatives, particularly when patients have "had that one and it was no good". It is also very useful to examine the prices although these apply only to retail pharmacies. While acknowledging that Mims is often helpful, I regard it as one of the most pernicious influences upon prescribing costs. The fact that it is available in such profusion makes it almost ubiquitous and therefore more likely to be used as a source of reference than other better, but less freely accessible, material. It is, moreover, well prepared and easy to use. Nevertheless, those who use it exclusively will tend to prescribe proprietary preparations and thereby greatly increase their drug costs. Many of the preparations listed in it are, of course, excellent but the use of proprietary names sometimes obscures the fact that combinations are present and a component such as phenacetin may be overlooked. In this context a recent edition of Mims lists over 60 preparations for the relief of pain which depend for their effect mainly upon Aspirin, Phenacetin or Paracetamol although from their names this is seldom apparent. In an appendix to the Sainsbury Report (1967) there is an interesting account of an assessment made by two panels of experts (physicians and pharmacologists) of the therapeutic effectiveness of proprietary preparations listed in Mims for

December 1965. The panels categorised 2,657 drugs or combinations which excluded dermatological preparations. Complete agreement was reached between the panels about the categories of 2,241 preparations and these are shown below :—

Category A—Effective drugs ...	1,131 preparations	50%
Category B—Rational combinations	173 preparations	8%
Category C—Not yet classified ...	155 preparations	7%
Category D—UNDESIRABLE PREPARATIONS	782 preparations	35%

These figures speak for themselves.

Proplist

This publication appeared first in April 1967. It consists of a list of products classified by the Standing Joint Committee on the Classification of Proprietary Preparations under the Chairmanship of Professor A. G. Macgregor. The Committee was set up to advise on the classification of proprietary pharmaceutical preparations with the object of helping doctors to decide which drugs should be used in the treatment of their patients. Drugs are listed according to the systems upon which they act and are divided into three broad groups.

Category M. "Monograph preparations." The name is cumbersome but these drugs are virtually identical to those found in standard works of reference.

Categories A1, A2 and A3 are drugs which in the view of the Committee have an acceptable degree of efficacy in relation to their toxicity.

Categories B1 and B2 comprise drugs which are regarded as unacceptable on grounds of efficacy or toxicity.

Probably the most useful section in Proplist is that containing Categories B1 and B2, whose pages are shrouded in black. At least it is easy to see what drugs are considered unacceptable. Otherwise the classification is complicated and Proplist does not make easy reading. No mention is made of costs, which seems a pity, but since costs change, this would presumably have been difficult. The aims of Proplist are praiseworthy and important but it is only sniping at the heavy guns of the advertising literature of the pharmaceutical industry and it probably comes off badly in competition with the ever-available Mims.

Prescribers' Journal

This journal, which appears every two months, has been in existence for about eight years. It is compiled by a Committee of Management, supported by an advisory panel, and the contributions on a wide range of topics are written by invited experts. The articles are succinct, authoritative accounts aimed at giving up-to-date, balanced and, as far as possible, objective advice about therapeutic problems. The Journal largely succeeds in these aims and holds a valuable place among the medical literature. Costs are only mentioned sporadically, however.

Drug and Therapeutics Bulletin

This is published fortnightly by the Consumers' Association and is essentially the "Which?" of the world of therapeutics. As might be expected, it gives objective, but anonymous, accounts of the value of new and old drugs and therapeutic measures, with a clear indication of the relative costs. Unlike its brother, "Which?", it does not exactly offer a "best buy" but the information given certainly helps the reader to reach a decision on both efficacy and expense. The Bulletin is only available to subscribers and the cost of subscription is three guineas. For those who can afford it the return will be a worthwhile contribution to the crusade against spiralling drug costs in addition to the other helpful information it provides. It is a pity that it is not more widely known and used.

Ministry of Health Circulars

Naturally enough, the Ministry of Health regard the amount of money spent on drugs as a major problem and means whereby it can be reduced are being constantly considered. A comparatively recent move has been the distribution of coloured histograms to general practitioners, and more recently to hospital doctors, which give an indication of the relative costs of various drugs. Information of this sort is precisely what is required if prescribers wish to take costs into account but it is difficult to assess how effective this measure has been.

The Pharmacy Sub-Committee at Guy's

Local concern by the Board of Governors of Guy's over the staggering annual increase in expenditure on drugs led to the formation of this sub-committee of the Medical Committee (with co-opted members) just over a year ago. The objectives were to investigate the reasons for rising costs and to try to find means of reducing them. Prescribing trends among in-patients and out-patients have been examined and it is hoped that the information obtained will help to show ways of reducing expenditure. During the last year the sub-committee have issued a series of histograms showing the relative costs of commonly used drugs, supplemented by information sheets giving similar facts. Curbing unnecessary expense is worth while in its own right but by trying to achieve this in the hospital it is hoped that money may thereby become available to spend on urgently needed equipment which could not otherwise be bought. There is some evidence that the work of the Sub-Committee is being rewarded and the acquisition of equipment which in previous years could not have been considered may now be forthcoming. Such promise does not allow any relaxation of effort it simply shows the value of maintaining it.

Drug Company Representatives and Advertising

Evidence exists which indicates that a substantial proportion of up-to-date information about drugs is obtained by doctors from representatives of the drug companies. Much of this information is, of course, biased in the extreme and it can be very easy to succumb to their blandishments. There appear to be three potential methods of dealing with this. Firstly, a doctor can refuse to see any representative and thus obtain no information. Secondly by seeing all the representatives he might be able to obtain some sort of balanced picture. The third solution is to make a point of being as well informed as possible from all other available sources and then apply critical judgment to the data offered.

It is difficult to assess the influence of advertising but the colossal amount spent on it suggests it is highly effective. We are all familiar with the seductive pictures which appear in the more glossy journals but we can only guess at their impact. It certainly seems likely that the spectacular advertisements, particularly those for drugs with snappy or euphonious names, will influence prescribers. Doubtless this is what they are supposed to do. We ought to ignore some of them and look at the others critically but the advertising industry will go on making this difficult for us.

Conclusions

We should remember that most of the drugs available to us today have been developed by very expensive research in the pharmaceutical industry. Millions of people now live who would have died without antibiotics and very many others are cured or kept in good health by drugs which not long ago did not exist. Nevertheless, when prescribing, there is often a choice and these articles have attempted to show how it is possible to inform oneself about drugs which are cheaper than others while being equally effective. By reducing drug bills in hospitals and in the N.H.S. generally, more money will become available to hep provide the wherewithal for practising better medicine in better conditions.

References

1. Nicholson, W. A., Brit Med. J. 1967, **3,** 730.

2. Barrie, M. A., Fox, W. R., Weatherall, M., Wilkinson, M. I. P., Q.J.M. N.S. XXXVII 146, April 1968.

3. Sainsbury Committee Report, H.M.S.O. London, 1967.

STUDENT CO-OPERATIVE DWELLINGS

by

John W. Shipley and David Vanstone

Over 50,000 students in London were seeking accommodation this year : some are still looking. The housing problem is one that increases with time but now a brand new attempt is being made to alleviate accommodation difficulties. Student Co-operative Dwellings is a new scheme with new horizons aimed at solving the age-old problem.

Student Co-operative Dwellings will not only help students to find a place to live, but will find them a place to live in a community in which each member will play a part in developing and running the community. Student Co-operative Dwellings offers participation in its broadest and fullest sense.

Project R

What then is Student Co-operative Dwellings ? " Project R " as it was originally called was the brain-child of a former President of ULU, John Hands. It sets out to provide accommodation for students at greatly reduced cost to enable students to own and manage their residence and to create a self-governing academic community.

The cost element is obviously not the least among the considerations at a time when finance for all higher education is so limited and when the Government has had to cut back its university building programme. So how can low cost building be achieved? First, because a student co-operative residence will not in any way be a prestige or luxury building as many residences built recently on campuses have been, and secondly, because the facilities provided in the building will be purely functional, and used to their fullest extent. There will be no formal refectory which is used in most cases for one or at the most two meals per day. In the student co-operative dwellings residence there would be a "farmhouse kitchen" adjacent to a number of rooms where the residents would be able to provide their own food, rather on the lines of, say, Goldsmid House.

Students would own and manage the residence because they would become, on payment of a small fee, members of the Co-operative. All the money they pay in terms of rent would be put back into the residence itself. There would be little or no staff to pay for, no wardens or ancillaries, except a Manager responsible to the students. Consequently, decisions would be taken by the members of the

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John Shipley is the President of U.C. Union and David Vanstone is President of King's College Union.

Co-operative themselves, leading to the creation of an academic community itself. It is to be hoped that students from different types of higher education would be living together with perhaps some junior members of staff who might express a desire to enter into this form of life. Another particularly important point is that in this residence there would be provision for married accommodation.

Too few anonymous Donors

But the scheme will not only be advantageous to the students themselves. It will benefit the universities and the colleges. The burden of providing accommodation for students is a big headache for these institutions. There is not enough money allocated for building to enable them to provide residences. A large amount of the allocation has to be spent on expanding and replacement of the college or university premises as a whole and there are just not enough anonymous donors around! Co-operative residences would free resources labelled for accommodation for other things, and they would help to create the spirit of student participation now seen as necessary by most Vice-Chancellors and Principals—and the spirit would be fused into College life as a whole. Too few people have been asking themselves why it is that in Canada and in Scandinavia there has been little student unrest. Is it that in these countries the students are regarded and are treated as adults? Are they treated as adults because they have proved themselves? And have they proved themselves through their ability to build and to run their own residences?

Advantages all round

Of course, higher education would benefit in general from the scheme by bringing together students from both the private and public sectors. Students and staff from different colleges, be they university ones, or in the local authority sector, would be on an equal basis. Such an organisation would cut right across the binary system and cut the gap between students and staff. Society outside the academic world would also benefit. All too often we hear that students are a burden to the long-suffering taxpayer. Student Co-operative Dwellings is an opportunity for students to show that they are responsible members of society and do care that the limited resources available for higher education are used in the most efficient and most economical way. There would result a rationalisation of student and general housing problems for student accommodation would become less of a burden on local authorities. The more students removed from flats into schemes such as this, the more accommodation will be left for those low-income families who cannot afford to pay what three or four students together might.

Examples from abroad

But, can the scheme work in London? One reply to this would be that it has in Scandinavia and Canada. In Sweden the Swedish Central Student Committee, working on co-operative lines, founded a Student Housing Foundation to build and own student residences.

The terms for financing student housing were drawn up in 1962 and great progress has been made since then. By 1967, 19,000 students had been housed under the scheme and it is estimated that in 1970, 40,000 will be. In Canada since 1964, when an Amendment to the National Housing Act was passed to enable student co-operatives to get low cost, long term mortgages, the amount of residential building has risen to 20 million dollars. The pilot project was started by Rochdale College in Toronto. For this project the Toronto Campus Co-operative Residences Incorporated worked on construction costs of £1,300 per student place. This was some 40 per cent below the cost of traditional hall places. The total cost involved was 1.6 million pounds and the building covers over 250,000 sq. ft. and rises to 20 storeys. The accommodation has places for 288 single students, 303 married couples and 42 boarders, making a total of 936 people. The residents give about two hours per week to the running of the residence apart from cleaning their own rooms. The rents are cheap. The scheme has proved to be viable.

So what is Student Co-operative Dwellings doing for London? In June 1967, John Hands, the then President of the University of London Union, presented a report on Project R to Presidents' Council. This was given a favourable hearing and in June this year he was able to go to Presidents' Council again outlining the progress that had been made. At that stage he believed that the scheme was no longer to be regarded as purely theoretical, but was a practical proposition. But at that stage funds were needed to get the scheme off the ground. He appealed to the College Presidents to ask their Unions to make funds available to set up a profesisonal organisation without which the scheme for "Project R" could never succeed. This organisation, termed Student Co-operative Dwellings, was set up formally in July 1968.

The Board of Directors

John Hands was fortunate in securing the services of Dame Nancy Parkinson as Chairman of the Board of Directors. She was formerly the Controller of the Home Division of the British Council, besides being a Governor of Bedford College and renowned for her fund-raising ability. John Hands himself was appointed Executive Director complete with office facilities at Bedford College and a full salary. Peter Watherstone, former President of the London School of Economics, was appointed Vice-Chairman of the Board of Directors. He was given a special responsibility for the financial arrangements which was especially relevant in view of his qualifications as a Chartered Accountant. The Treasurer of Student Co-operative Dwellings is Mr. Turnbull, the Registrar of Bedford College.

The Board of Directors itself includes such notable figures as Lord Annan, Provost of University College, Mrs. Chilver, Principal of Bedford College. In addition, Trevor Fisk, the President-Elect of NUS, is a Director, as is Ian Cunningham, the Secretary-Elect of NUS, who has a specific responsibility for student housing. Another member of the Board of Directors is Mike Thomas, who is a member of the present NUS Executive. Besides these figures there are several University Union Presidents, including John W. Shipley of University College, David Vanstone of King's College and John Lauwerys, former President of Goldsmith's College, Christopher Green, the Permanent Secretary of London OSCA, and Dr. John Jenkins, former Social Vice-President of ULU, and Harold Campbell, Chairman of the Co-ownership Development Society and a former Secretary of the Co-operative Party, complete the Board of Directors.

Rochdale College, Toronto.

The Plan of Campaign

It can thus be seen that the Board is composed of both Principals, students and outside interested parties who have considerable influence. Altogether, there are four Working Parties of which this Board of Directors is in control. These include finance, planning, legal and education and promotion. The latter, which consists of Tim Arnold, the President of the City of Westminster College, and Jeff Lawrence, Past-President of City of Westminster College, besides John Shipley and David Vanstone, is geared to producing a manifesto which will be published by the Co-operative Party in conjunction with a national press campaign. Besides providing the material for this and similar articles, the sub-committee is aiming at university and college authorities, local and national government, industry and the general public.

Finance

But there are problems. The main one at the present time is inevitably finance. In the short term the costs involved are those of administration. As Executive Director, John Hands receives a salary. In addition there are all the administrative overheads. Contributions have been received from certain Student Unions. But many more need to contribute. If they don't, the organisation faces a short-term financial crisis. In this long term, the situation in a way is easier. Strange though it may be, it is easier to raise large sums of money than it is small ones. A number of Trusts have been approached and several have expressed great interest, including one who has given a verbal assurance that it will provide the necessary finance for purchasing a site and lease it to Student Co-operative Dwellings. For the present this organisation must remain anonymous.

Site and Legal Problems

Another problem is the shortage of suitable sites at a reasonable price in the London area, but we now have the possibilities of two, both on the South Bank, and both near the Royal Festival Hall. Both are approximately three acres in size. Further difficulties are of a legal nature. Present legislation does not cater for such an innovatory scheme in that, at the present, low cost mortgages are not available for student accommodation. But these problems have been overcome in both Canada and Scandinavia and there seems to be little reason why they should stand in the way of Student Co-operative Dwellings. A solicitor-M.P. has offered to draft amendments to a Housing Bill coming before Parliament in November. He has advised that amendments should deal with both the short term and the long term objectives, namely the eligibility of student housing schemes for the facilities currently available to housing associations and societies, and the establishment of a Student Housing Corporation.

He has suggested that such amendments be tabled at the committee stage of the Bill, which will probably take place towards the end of the year, preceded by an all-Party meeting of Members. These amendments will aim at permitting the Ministry of Housing and Local Government (up till now student accommodation has been the sole responsibility of the Department of Education and Science) to allow low cost, long term mortgages to be given either directly or indirectly from Government sources. Such a scheme was not conceived when the relevant legislation was drafted in the 1957 and 1964 Housing Acts which, whilst not specifically precluding the project, did not specifically cater for it. There is no reason why these Bills should not be amended to provide low cost, long term mortgages for the construction of dwellings for students.

Conclusions

For students the advantages are clear. Firstly, the project will enable students to own and manage their own residence and thereby demonstrate their maturity and responsibility. For them it could be an educational experience. As the Executive Assistant to the President of the University of Toronto said in a letter to John Hands, "For many students membership in a Co-operative Residence has undoubtedly been a valuable experience as well as a significant financial saving." For the universities and colleges and the Government such a scheme could well provide a very necessary answer to a problem which the Robbins Report forecast some five years ago. They will be relieved of the problem of having to provide accommodation. They will gain because an academic community will be established. The Government itself would not lose financially because such schemes would be financed on a mortgage basis. No longer need student accommodation be a drain on national, university and college resources. And it might also scotch present talking Government circles that the only solution to the present student accommodation crises is regionalisation of intake and rumours of loans and graduate taxes which stem from the fact that the expenditure on higher education is increasing with no direct financial return. If money could be diverted from the accommodation sector into pure university expansion it would be an obvious saving.

The scheme is certainly a daring one, but the board of Directors is determined that it should succeed. As John Hands pointed out last week, the scheme is already successful in Canada and Scandinavia. He could not see that Britain was any different. As he said, "It is true that these projects were only started when the student accommodation problem reached a critical level in Canada and Scandinavia. That point has been reached in England and especially so in London. The time is ripe for Student Co-operative Residences in this country. the Robbins Report in 1963 found that the cost per student for constructing a Hall of Residence including furniture and professional fees, but excluding land, was about £1,960 per place. Student Co-operative Dwellings has these plans to build approximately £800 per student place. This shows that we cannot afford to fail."

CORRESPONDENCE

Mr. London

SIR,—I would like to have the opportunity of expressing my appreciation for the kindness shown to me by various students and the staff of the Dental School, when I moved away from Guy's recently. It proved difficult to thank everyone personally for their good wishes and the mementoes that I received. However, the most rewarding recollections that I will retain after nearly twenty-two enjoyable years at Guy's, concern the close relationship and understanding reached with many people, both students and staff alike. These I shall recall with special gratitude in the years ahead.

Yours, etc.,

DAVID LONDON.

The Welsh National School of Medicine,
Dental School,
Heath, Cardiff.

"I told my wrath"

SIR,—The futility of the signing in system for lectures was the subject of Robin Carmichael's letter in the last *Gazette*. I would like to go further and ask how many students and staff would consider that Guy's is honestly living up to its title of a Teaching hospital?

This summer I had the privilege of attending Kenya's new medical school. The most impressive thing was the time and interest which the staff devoted to the methods of their teaching. But this enthusiasm was not one-sided—the student's views were not only actively voiced and listened to, but faults in the system were quickly corrected.

I returned from Kenya excited and stimulated by what I had learnt. But how can enthusiasm survive some of those abysmal nine o'clock lectures, the time wasted with last minute cancellation of rounds, and the "well, it was worse in our day" attitude of some of our staff?

There are few who would dispute that there are many faults in our system. But there seem to be equally few who are prepared to stick out their necks over this issue. Why do we continue to sit passively under the cloud of pseudo-education? Why do people religiously sit through uninspired lectures which are so often an insult to our intelligence?

I fully realize that improving our educational system will be far from easy. Traditions are hard to break; departments are difficult to co-ordinate; true educationalists seem to be more the exception than the rule.

Surely this task is crying out for Educational Specialists—perhaps even a Department of Medical Education which would thoroughly investigate and analyse the results of different teaching methods and put Guy's education back on its feet.

With the publication of the Todd report, the winds of change may not be so far off. Occasionally through the fog of the present system we catch glimpses of the superb standards of teaching which are too scarcely scattered in this hospital. Some of the recent Combined Rounds and the new television-aided teaching in the Anatomy Department are just two examples.

Please—please may we have a full investigation into our medical teaching so that we may be proud of our Guy's education. By combining the expertise of educational specialists, the wisdom of our seniors, and the enthusiasm and ideas of us, the students, this should not, and must not, be beyond our reach.

Yours, etc.,

SUE DOWLING.

East Wing,
Guy's Hospital, S.E.1.

Student speaks to Student

SIR,—In the last edition of *Guy's Hospital Gazette*, dated 9th November, two letters appeared which expressed a certain amount of dissatisfaction with the Students' Club Council on their decision to dissociate the student body from the rally, held in London on October 27th, 1968. We feel that much of the content of these letters is misguided, and would like to answer a few points.

The Students' Club Council would have ignored the rally had it not been for the fact that several groups of "freshers" had approached members of the Council to enquire where they could contact the organisers of the Guy's contingent to the rally. As a result of this, a Council meeting was held at 12.15 p.m. on 25th October, at which the situation was discussed. A motion was passed, and a notice for distribution in the Spit was drafted. Only AFTER the meeting was the notice printed, and to suggest in the letter that this was done before the meeting is a direct and unsupported accusation of unconstitutional behaviour which demands retraction.

The notice itself was worded so that no political motives were mentioned, and it simply stated that Guy's Students were not officially associated with the rally. It expressed a corporate opinion, and in no way deprived individuals of the right to dissent and express their own opinion as long as it remained personal and did not implicate every student at Guy's. It is true that the Hyde Park part of the rally was "orderly and well behaved", it is a pity that the Grosvenor Square part of the rally was not. If a banner labelled "Guy's" had appeared in Grosvenor Square, every student at the hospital would have been implicated. We suspect that a majority of students at Guy's would not wish to be associated with a battle with the police, and that far from the Students' Club Council acting undemocratically, the authors of October Revolution are but an outspoken minority.

As far as the motives of the rally were concerned—and they were many—no sane and reasonable person can be satisfied with the situation in Vietnam, and obviously a majority of people would sincerely like to see the end of this terrible war.

The next point is that concerning the Students' Club Council being made up of selected representatives. We personally contacted as many of the people we represent as possible before going to the meeting and found out their views. Any criticism of people not being consulted before the meeting must rest with individually elected members of the Council and not on the Council as a whole. We take it on trust that Messrs. Jacobs, Dobson and McLean actually voted in the election for their representatives last May!

Mr. Hunt seems to have confused issues in his letter. The Students' Education Committee was set up in 1964 to form a liaison committee between staff and students on the question of education, and any matters relating to this subject must be referred to them and not to the Students' Club Council.

We trust that this letter has helped to disentangle confused ideas about the democratic behaviour and motives of the Students' Club Council, in acting as they did on 25th October, 1968.

Yours, etc.,

JOHN SOUL.
KEITH STEWART.
ROGER TUDOR-WILLIAMS.

East Wing,
Guy's Hospital, S.E.1.

Books for Africa

SIR,—We have received a request from the Non-European Medical School, University of Natal, Durban, South Africa, for text-books of medicine, medical emergencies, surgery and fractures. Although the Medical School has an adequate library, books are required for reference purposes by the medical students who run clinics for the under-privileged of Durban.

If any reader has such text-books, not too out-of-date, which he no longer requires, I should be grateful if they would send them to:

Guy's Student Medical Education Committee,
East Wing,
Guy's Hospital, S.E.1.

They will duly be forwarded to South Africa.

Yours, etc.,
R. S. TROMPETER,
Hon. Sec., Medical Education Committee.

East Wing,
Guy's Hospital,
London, S.E.1.

American Clerkships

SIR,—It is unusual to take up issue on your pages with an article appearing in *Pulse*. However, with the co-operation of her Editor, I should like to put before the clinical students some new information on Specials in the U.S.A.

Since the article on the subject was published in *Pulse*, the Student American Medical Association (SAMA) has joined IFMSA, and has now entered their Clerkship Scheme. Information has recently become available on the BMSA notice board, but as people are notoriously bad at reading notices and as the closing date for these particular clerkships is December 1st, 1968, I should like to publicise them with your help.

SAMA is a powerful organisation, and aims to stop direct application to hospitals, which caused the failure of so many arrangements through the old Bureau of North American Exchange. Therefore, this is safe. We have been offered 100 places, therefore there is more room than before, and the clerkships ae salaried posts, therefore these posts offer more experience and financial gain.

So far only 10 applications have been received; I cannot believe that two months in the States has suddenly become so unattractive. Applications should be made on an IFMSA form, costing 4 gns., obtainable from Mrs. Silvia Colmer, BMSA Office, BMA House, Tavistock Square, W.C.1. Students may list geographical areas in which they would like to work, but no list of hospitals will be released. A visa fee of £6 7s. 6d. must also be submitted and a letter of recommendation from two professors, or consultants, preferably in Medicine, Surgery or Paediatrics, certifying a basic knowledge in these subjects.

It would be a pity if British Medical Students were to lose almost every opportunity of studying in the States because of lack of support this year.

Yours, etc.,
ALISON HILL,
Chairman of London Region B.M.S.A.

B.M.S.A. British Medical Association House,
Tavistock Square, London, W.C.1.

BOOK REVIEWS

OPHTHALMOLOGY FOR CASUALTY DEPARTMENTS

By G. N. Pattison. Published by Churchill Ltd., price 10s.

Ophthalmic emergencies are a much neglected subject of Casualty Departments, and a small cheap book of this sort is to be welcomed It stresses many useful points, such as contamination of fluorescein drops, and a lot of space is given to the removal of foreign bodies and the treatment of corneal abrasions. Differential diagnoses of the red eye and sudden loss of vision are both well done.

The book, however, makes very dull reading, and no attempt is made to emphasise the more important points. The absence of all illustrations makes the need for much longer description. Although the author excuses this because of expense, some simple illustrations would help a busy Casualty Officer far more than a page of description. Treatment of injuries to the orbit is very sketchily done, and blow-out fractures and defects of the muscles are not adequately described.

I doubt whether a busy Casualty Officer would make much use of this book as most of the main points should have been stressed during his period in the medical school.

M.B.R.M.

MANAGEMENT IN HOSPITALS

By J A. Spencer.

This book seeks to explain how a hospital works and the extent to which there is both purposeful direction by the "administration" as well as day-to-day management often unconsciously provided by many of its staff in pursuing their professional responsibilities. It states simply a number of basic truths about a hospital's organisation which sound familiar, but have rarely been expressed before. It highlights the "caste" system of its staff and the informal group associations which may develop outside and sometimes in opposition to the formal organisational structure. It defines management as the development of relationships within an organisation in which each member feels his work is essential to the whole, needing and being given the support of those above. Authority is explained and an outline of the role of the professional manager in hospitals as compared with that of his counterpart in industry is given.

Although written by a hospital administrator, there is a refreshing lack of any obvious attempt to over-emphasise the importance of the professional manager, and throughout its 180 pages the management rôle of those with no apparent title to it is continuously stressed. The author seems to lose interest in his subject a little when he has completed his analysis of management and people in the hospital setting and to avoid what otherwise might have been a monograph, the later chapters appear to have been added by way of a catalogue for the practising administrator, although these are not without interest to the more casual reader. It would not be over-emphasising the importance of the main chapters of this book to suggest them as leisure reading for all connected with a hospital's organisation, doctors, nurses and other staff as well as committee members and students.

A.H.B.

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NURSING SECTION

New Concepts for Old

Overheard recently from a friend of the nurses: "I went into several wards, and nobody asked if they might help me." And the speaker went on to comment that this attitude had become more obvious in the past two or three years. This is a terrible indictment of nursing courtesy at Guy's. The speaker has only been connected with the hospital for a few years and has noticed this change during that time, as in the past, a stranger on the ward would immediately have been attended to.

This is one aspect of change in a hospital which is constantly on the move—and a rather unsatisfactory one, perhaps deserving of analysis.

In our P.T.S. days we were taught to look on the ward as an analogue to the family unit—the sister as female head of the house cared for the patients, supervised domestic management, spoke to visitors, undertook the instruction of nurses and co-ordinated with the medical staff. Progress has necessitated a shorter working week for all so that the sister is now only on the ward for eight hours a day and must delegate those tasks for the remainder of the twenty-four hours. Could it be that in this delegation a depersonalisation results? Today, when we have clinical instructors to correlate practical and theoretical training for student nurses; domestic supervisors to ensure that the domestic load is carried evenly; ward receptionists to do ordering of stores; dieticians and those staff in the centralised supply departments, such as C.S.S.D.; all contributing to the smooth running of the hospital as a unit, we should not lose sight of the fact that it is the ultimate responsibility of nursing staff in a ward area to ensure that this "unit within a unit" functions efficiently.

We have already stated that a ward sister (with a few exceptions) is only present for eight hours of the day; we must, therefore, ensure that whoever is in charge of a shift on a ward is deputising for sister in the fullest sense. Is enough emphasis placed on the administrative, and above all the supervisory responsibilities of the staff nurse in her role as sister's deputy? Supervision is probably the key word in this context. Prior to the shift system, when all staff were on duty together, any nurse unsure could be helped with even a minor task. Now, when a ward's complement for a shift may be three nurses, this is impossible, and inevitably much of the "in situ" teaching is being lost. It is up to us to accept this as a necessity, but to compensate for this with maximum utilisation of those periods when there is a double complement of nurses. The afternoon "changeover" is rarely used as it was intended, and all too often is a period for gossip.

Change is a necessity and it is up to us to ensure that the good aspects of systems replaced are not lost. It seems insulting to suggest that a little extra supervision might improve the courtesy of all nurses, but one cannot help but feel that this is the case.

NOTICES

Carol Service

The Guy's Hospital Christian Union will be holding its annual Christmas Carol Service on Friday, December 6th, at 7.30 p.m. The speaker will be Dr. M. Webb-Peploe. All members of the hospital community are warmly invited to this Service and to the refreshments afterwards.

Write critically of your colleagues —
but tear it up in the morning

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GUY'S HOSPITAL CHORUS **MUSICA MEDICA ORCHESTRA**
DIRECTED BY STEPHEN COLES

Tickets: 5s., available at North Door of Cathedral and on application to Miss A. Hill, c/o East Wing, Guy's Hospital, London, S.E.1.

GUY'S HOSPITAL TENNIS CLUB

There was no tennis representative present at the Club's Union freshers meeting. It should not be thought, however, by new Guy's men that tennis does not flourish at Guy's. The club is one of the oldest in the Union, with a history of which Guy's is justly proud. In 1888 the United Hospitals Lawn Tennis Challenge Cup was presented and since that date it has been competed for 70 times. It has been held by Guy's on 32 occasions, 15 of these since 1948. In 1968, Guy's lost the cup and we look to you, our new Guy's men, to bring it back home.

The club's main facilities are situated at Honor Oak Park, where there are two all-weather courts and five grass courts, together with one knocking-up wall. The Matron at Guy's kindy allows students to use the nurses' court situated behind the new surgical block. This court may be booked at the porter's desk in the nurses' home.

I would be particularly interested to hear from new Guy's men who have represented their school or play regularly at a tennis club. Please write to J. A. Quant, Secretary, Guy's Hospital Tennis Club, using the East Wing letter rack.

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SPORT

RUGBY

GUY'S v. DR. WINDSOR-LEWIS' XV

At H.O.P., Wednesday, 30th October, 1968.
Result : Lost 3—26.

There was an appropriate festive atmosphere at Honor Oak Park on the occasion of the match to mark the 125th anniversary of the Hospital's Rugby Football Club. The grandstand was almost full of Hospital staff and dignitaries, and both touchlines were lined with supporters. Players for many seasons past mingled with large numbers of the present student body. An ample marquee provided for the overspill of well-wishers from the pavilion bar. The weather was unfortunately a little cloudy, but dry, and conditions underfoot were firm. The fifteen appearing at the invitation of Dr. Windsor-Lewis showed some changes from that originally selected, and was based on a strong contingent of recent Cambridge blues, further coloured by John Dawes, a Welsh International, and Tony Horton, a British Lion, and led by Charles Thorburn, captain of Guy's for the past two seasons.

Guy's, having surprisingly forsaken the hooped shirts of blue and gold, which have depicted the club for over one hundred years, and appearing in an all-blue strip, kicked off away from the club-house. Almost immediately they were awarded a penalty, and Elliot was close from a kickable position. The game got into a fast pace straight away, and from the early part, Guy's were very much in attack. A long kick upfield by Novak was well chased, and Ross almost had the touch-down. Persistent pressure soon gave Guy's a good loose heel. Ross cut through in the centre, Williams, who had a good game throughout, was up to take the movement on and then pass out to Price on the wing. In a crowded corner, the latter wriggled free and gave inside to Barton, who went over. The conversion failed. This was an encouraging start, but although Guy's continued to attack, the run of play suddenly went against them when Smith picked up a loose ball near the touchline, cut through easily and raced sixty yards to score. Allan converted. The visiting backs were receiving slightly more of the ball, but good tackling, especially by Price, and some busy covering at full-back by Rowlands, kept them at bay. The Hospital backs, in contrast, wasted some of their chances by poor handling. A long, bouncing kick took play within ten yards of Guy's line, and from a mis-directed tap at a line-out, Harris was able to scramble a try. Allan converted well from the touch-line, and again added the points when Harris was put over by Payne from a break close to the loose ruck.

The guest side crossed over fifteen points to three up and quickly showed a more adventurous approach on the re-start. In particular, Raybould and Dawes initiated some fine movements, following a long service from Heslip at the base of the scrum. Guy's never gave up the hunt for the loose ball, but the eight were often out-rucked by a smaller number. In the line-out, Cockburn and Neville gained some useful possession. Ross tried hard to push a way through in the centre, and Rowlands came into attack usefully from full-back. The pack moved the ball around well at times, and Neville and Cockburn had a long run between them down the touch-line. The speed of movement and the distribution of the ball was just that much better by the opposition, however, and soon the Hospital defence was stretched to allow Horton in from a ruck near the line. The speed of the game showed no signs of slowing, and with Guy's frequently on the defensive, their energies began to flag. Rutter cut through in the centre, and with a series of jinks, wrong-footed the defence and raced over in the corner. Guy's came back and were unlucky not to go over after. Blackwood at No. 8, acting as an extra fly-half, almost had Ross through on the open-side. Suddenly, the opposition had created yet another overlap and Smith ran in to score from seventy yards. Allen converted to make the final score 26—3.

DR. WINDSOR LEWIS' XV

v.

GUY'S

Photo : F. J. Pitts

Although the Guy's players were disappointed at their lack of scoring, they played a dogged game under the inspiration of their skipper, John Davies, Their main weakness was in the transfer of the ball amongst the backs. The spectators were, however, well entertained, and the occasion will be remembered for some instructive and skilful running by the opposing three-quarters, following adequate possession obtained by the thorough searching of their forwards. The marquee was soon full again, and an afternoon, successfully marshalled by Barry Ross, soon merged into a convivial evening at the Grosvenor House organised by George Preston.

Windsor-Lewis' XV: C. J. Allan (Richmond, Cambridge blue); M. A. Smith (London Scottish, Cambridge blue), S. J. Dawes (London Welsh, Wales), T. Rutter (Harlequins), R. S. Fleming (Richmond, Cambridge blue); W. H. Raybould (London Welsh, Wales, British Lion), M. Heslip (London Irish); A. L. Horton (Blackheath, England, British Lion), J. Aylwin (Richmond), E. J. H. Gould (Harlequins and Oxford Blue), N. O. Martin (Harlequins, Cambridge blue), J. Harvey (Richmond, Cambridge blue), C. W. Thorburn, capt. (London Scottish, Oxford blue), C. Payne (Harlequins, England), P. Harris (Harlequins)

Guy's: B. J. Rowlands; J. Novak, J. Barton, J. R. M. Ross, J. F. Price; D. R. Elliot, D. Merrit, J. E. Davies (capt.), G. B. Hey, S. Challacombe, J. M. Cockburn, C. G. Neville, D. A. Curson, R. Blackwood, P. A. L. Williams.

I. A. Baker.

HOCKEY

GUY'S v. KINGSTON GRAMMAR SCHOOL

Away.

Result: Lost 2—1.

After three days' rain, this game had to be played on Kingston's £6,000 all-weather pitch. This produced a very hard, true surface, over which the ball moved at considerable speed. Guy's, although the majority of players had never played on this type of surface, soon adapted their play to suit the conditions.

For the first twenty minutes, the play was fairly even, both goalkeepers having to make good saves. The first goal came when the Kingston right wing broke away to centre from near the goal line, and from the ensuing scramble, Villacott cut the ball neatly past Clark (snr.). There was no further score in the first half.

The second half started with Guy's playing really well and pressing for long periods. Their goal came eventually after a short corner, which R. Burns converted after a re-bound off a defender. Guy's were unlucky not to be awarded another short corner when Winskill was obstructed in the circle when chasing a through ball—the physical impact was small compensation. Kingston's second goal came about five minutes from the end of the game, when the ball went loose in the circle after a tackle only to be picked up by the inside right, who gave Clark no chance.

Taken all round, this wasn't a bad game for Guy's, who are still trying to build up their game and find the form which carried them to two cup finals last year. Also it was very pleasant to have back—although as a supporter—J. K. Crafts, who was admirably supported by wife and Hoover.

Team—R. K. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. Pearson, R. Kindrick, A. Godfrey, R. Burns, R. Clark, S. Cripps, A. Winskill.

GUY'S v. WIMBLEDON II.

At H.O.P.

Result : Won 2—0.

This was the first game in which Guy's really looked like a side. During the second half, the team dominated the Wimbledon side completely, and during this period scored two goals.

After a delayed start, Guy's began slowly, in fact, at around quarter pace, and although Clark, in goal, was never really threatened, no real impression was made on the Wimbledon defence.

In the second half, Guy's picked up and soon Godfrey, on the right, had the Wimbledon defence in difficulties with his speed. It was from one of his centres that Guy's were awarded a short corner, and Crafts, living up to his Old Millhillian fame, blasted a shot through the goalkeeper. The second half improvement continued with Pearson distributing the ball well and the forwards chasing hard. This led to Burns scoring the second goal when he collected a diagonal pass from Cripps and dribbled the ball through the full backs and past the goalkeeper.

This was a good win, not for the number of goals scored, but because of the way that Guy's maintained the standard of play, and might easily have doubled the score if luck had run their way on a number of occasions in the circle. This augurs well for the first rounds of the U.L. and U.H. cups which are to be played in the following two weeks.

Team: R. K. Clark, M. Vellacott, D. Crafts, R. Goodhart, C. Pearson, R. Kindrick, A. Godfrey, R. Burns, R. Clark, S. Cripps, A. Winskill.

SOCCER

GUY'S v. ST. MARY'S HOSPITAL

Wednesday, 23rd October. At Home.

U.H. Cup, Round 1.

Result: Won 7—0.

For the first Hospital Cup game of the season, Guy's made two changes in their side. David Lindridge's very unfortunate accident the previous Saturday (he broke an arm), gave Colin Baker his debut chance. In an attempt to add "bite" to the team, Ken Taylor was selected to the exclusion of Topan, Dutta. These changes meant that Guy's were virtually playing a 4-2-4 formation.

Within five minutes of the kick-off, Guy's had taken the lead in fine style. Lovell floated across a free kick from the right wing, which Baker, from just inside the penalty area, contemptuously headed home—a great start! This early success spurred Guy's, and they controlled the first half easily, playing some very intelligent football. Just before half-time, Godman increased the lead, cutting in from the wing before unleashing a fierce near-post drive.

In the second half, Guy's completely over-ran the Mary's side with some of the best football Guy's have produced in recent years. Playing simple, yet effective football, they had little difficulty in adding five goals. Three of these went to Baker, making four goals on his debut—a promising performance. The other two came from Drage—surprising everyone with his talents on the wing, and Nash, who revelling in his new role, arrogantly rose above the defence to head home a great goal.

So at the final whistle, Guy's trooped off to the accolades of their enthusiastic supporters, winners to the tune of 7—0. Make no mistake about it, this was a really great performance by Guy's, who served notice that despite injuries or anything else, the elusive U.H. Cup must return to Guy's this season.

Team: J. Wood, S. Milnes, K. Taylor, R. Lovell (capt), R. Davey, J. Edwards, I. Nash, I. McClure, S. Drage, C. Baker, A. Godman.

R.L.

CRICKET

The A.G.M. of the Cricket Club will be held on December 5th at 1.00 p.m. in the Physiology Theatre. This will be preceded by the 1st and 2nd XI photographs at 12.30 p.m.

HOSPITAL INFORMATION

HOSPITAL APPOINTMENTS

GUY'S HOSPITAL

HOUSE APPOINTMENTS

December 1st, 1968

House Physicians

Dr. Mann, Dr. Scott	Mr. A. A. G. Thomson	3 *months*
Dr. Clark and Dr. Bishop	Mr. M. J. Cheesbrough	6 *months*
Dr. Hardwick,	Mr. I. G. Crossman	3 *months*
Professor Trounce, and Dr. Deuchar	Mr. J. Reeve	6 *months*
Dr. Baker, Dr. Houston and Dr. Grimble	Mr. G. D. Schott	3 *months*
Mr. A. Calin		6 *months*
Dr. Kauntze and Dr. Joiner	Mr. P. G. F. Swift	3 *months*
Mr H. J. Rogers		6 *months*
Professor Butterfield	Mr. J. P. Miller	3 *months*
Dr. Lessof and Dr. Cameron	Mr. N. Curry	6 *months*

House Surgeons

Professor Sir Hedley Atkins	Mrs. G. W. M. Baird	3 *months*
Mr. Wass	Mr. M. C. E. Hutchinson	6 *months*
Mr. Blackburn	Mr. C. G. Barber	3 *months*
Mr. Lawrie	Mr. R. D. Spicer	6 *months*
Mr. Glover	Mr. J. R Dare	6 *months*
Mr. Beard	Mr. I. V. Whitmore	6 *months*
Mr. Maynard	Mr. D. G. Thomas	3 *months*
New Consultant	Mr. V. G. Williams	3 *months*

House Surgeon to the Surgical Unit
Mr. R. C. H. Taylor
6 *months*

Gynaecological House Surgeon
Mr. J. D. Boxley
3 *months*

Throat and Ear House Surgeons
Mr. J. Hibbert
3 *months*
Miss R. Seifert
6 *months*

Orthopaedic House Surgeons
Mr. G. A. W. Ross
3 *months*
Mr. B. Naylor
6 *months*

Genito-Urinary House Surgeon
Mr. R. D. Forrest
6 *months*

Children's House Physicians
Mr. G. V. Pay
3 *months*
Mr. J. H. Tripp
6 *months*

House Physician to Dr. Bishop and Radiotherapy
Mr. W. R. Dunham
3 *months*

Casualty Officers
Mr. L. D. Byer
3 *months*
Mrs. A. M. Hendrick
3 *months*
Mr. P. H. R. Gill
3 *months*
Mr. E. P. Davis
6 *months*
Mr. R. J. Morgan
6 *months*
Mr. A. L. Thomas
6 *months*

Resident Obstetricians
Mr. G. F. Rushforth
3 *months*
Mr. C. N. H. Cawthorne
6 *months*

Neurological House Physician
Mr. R. K. Jacoby
3 *months*

Dermatological House Physician
Mr. H. J. N. Bethell
3 *months*

House Physician in Child Psychiatry
Miss F. A. Snee
3 *months*

House Surgeons to the Thoracic Unit
Mr. J. D. Stephens (S.H.O.)
3 *months*
Mr. S. B. Janvrin
6 *months*
Mr. D. J. Watkins
3 *months*

House Physicians in the Department of Psychological Medicine

Mrs. A. M. Birch	1.10.68—31.3.69
Mr. W. P. J. C. Onyeama	1.10.68—31.3.69

Resident Anaesthetists
Mrs. E. A. Welsh
3 *months*
Mrs. C. A. Topham
3 *months*
Mr. D. P. G. Griffiths
6 *months*
Mr. A. P. Warin
6 *months*

R.M.O.s in Nuffield House
Mr. J. F. Haggis
3 *months*
Mr. K. W. Kennedy
6 *months*

Children's House Physicians at Evelina Hospital

Mr. A. J. O'Donnell	1. 8.68—31.1.69
Mr. M. E. Pembrey	1.10.68—31.3.69
Miss M. H. Lysaght	1.12.68—31.5.69
Mr. D. L. Beales	1. 2.69—31.7.69

Casualty Officer at Evelina Hospital
Mrs. A. Yaqub
3 *months*

ST. OLAVE'S HOSPITAL

House Physicians:
Mr. M. W. M. Bridger
3 *months*
Mr. J. G. Payne
6 *months*
House Surgeon:
Mr. D. B. Silk
6 *months*
Senior House Surgeon:
Mr. J. S. Gregson
6 *months*
Gynaecological House Surgeon:
Mr. J. R. Gibbs (S.H.O.)
3 *months*

Casualty Officer:
Mr. S. A. L. Ceesay (S.H.O.)
3 *months*

NEW CROSS HOSPITAL

House Physicians in Medicine and Geriatrics:
Mr. D. A. Joselin (S.H.O.)
3 *months*
Mr. D. F. Hewat-Jaboor
3 *months*
Mr. B. M. Bassil (S.H.O.)
6 *months*
Mrs. J. M. Warin
6 *months*
Orthopaedic House Surgeons:
Mr. J. G. Cochrane (S.H.O.)
6 *months*
Mr. W. W. Davies
6 *months*
Senior House Officer to the Rehabilitation Unit:
Mr. G. H. Perry
3 *months*

BECKENHAM HOSPITAL

House Surgeon:
Mr. J. K. Bell
3 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:
Mr. J. M. Worms
3 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. B. J. Rowlands
6 *months*
House Surgeon to Mr. Le Brun:
Mr. H. W. Berry
3 *months*
House Surgeon to Mr. Lynn Evans:
Mr. C. B. Brown
6 *months*
House Surgeon to Dr. Roberts:
Mr. R. J. Baxter
6 *months*
House Surgeon to Mr. Williams:
Mr. P. C. V. Ramage
6 *months*
House Physician to Dr. Llewellyn-Smith:
Mr. R. J. Tate
3 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley and Dr. Lessof:
Mr. T. A. Harrison
3 *months*
Mr. W. L. Brander
6 *months*
Mr. D. G. A. Watson, (S.H.O.)
3 *months*
House Surgeon to Mr. Candy, Mr. Gwynne Evans and Mr. Gardiner:
Mr. E. Elias
6 *months*
House Surgeon to Mr. O'Flynn and Mr. Fyfe:
Mr. M. Bahemuka
6 *months*
House Surgeon to Mr. Sandry, Mr. Candy and Mr. Gabe:
Mr. P. M. J. Domaingue
3 *months*

ORPINGTON HOSPITAL

House Surgeon with Physical Medicine:
Mr. C. E. L. Freer
6 *months*
House Surgeon with E.N.T.:
Mr. C. J. C. Willard
6 *months*
House Surgeon with Gynaecology:
Mr. R. Aumeerally
6 *months*

PEMBURY HOSPITAL

House Surgeons to Mr. Gibson and Mr. Lavy:
Mr. M. A. Coe
3 *months*
Mr. J. A. Vale
6 *months*
House Physician to Dr. Miller and Dr. King:
Mr. R. A. Billings
6 *months*

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott:
Mr. R. A. Williams
6 *months*

P. J. HELLIWELL,
Superintendent

November 6th, 1968.

PERSONAL

ALARM CALLS—Only 3d. 01-437 2312.

ASSISTANT required in busy dental practice in Streatham, starting January. Pleasant surroundings, good equipment, chairside assistance. Tel: POL 4340.

CHANGES OF ADDRESS

Dr. W. Peter Gurassa, Residence: 3 Asmuns Place, N.W.11. 455 1625; Consulting room: 58 Wimpole Street, W.1. 935 2635.

Mrs. Jane E. Klose (née Taylor), L.D.S., R.C.S., 64, Liesbeek Road, Rosebank, Cape Town, S. Africa.

Capt. and Mrs. N. J. Knott, B.M.H., Kluang, Johore, West Malaysia.

Mr. and Mrs. Charles Rice, "Queenslace", 18 Chiltley Lane, Liphook, Hampshire.

BIRTHS

BROOK—On 17th October, at Cambridge to Pamela (née Barnardo) and Simon—a son, Timothy John, brother for Claire and Andrew.

HARKER—On 24th July, 1968 to Sylvia and Alec Harker, of Chesterton Copse Cirencester, a son, James, a brother for Robert.

MARRIAGE

RICE—RESTALL—On 4th October, Charles Rice and Mary Restell were married at St. Margaret's Church Southsea.

DEATHS

LECKIE—On 7th November, 1968, at Tunbridge Wells, Kent, Charles Malcolm Leckie, L.D.S., R.C.S. Eng.

SIGGERS—On 4th November, 1968, in a motor accident, Dr. Richard John Siggers, aged 28, eldest son of Dr. C. J. C and Mrs. Siggers, of Devizes.

WHITE—On 6th November, 1968, Jack White, M.A. Camb., L.D.S., R.C.S. Eng., of Kentwater, East Grinstead, Sussex.

WOODHEAD—On 29th October, 1968, Dr. E. C. Woodhead of 9 Arundel Way, Elmer Sands, Bognor Regis.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

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Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS	P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT	I. M. MORRIS
NURSING CORRESPONDENT	D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2097

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Green Paper

Proof reading is a difficult art. One can check through a given piece of printed matter many times checking the spelling of the words, the spacing and alignment of the sentences, the type face used and the quality of the printing. All this can be done, and done with application, only to discover that all through the checking and re-checking two words in the first line have remained reversed because no one has sat back and looked at the piece to see if the whole made sense.

There is an analogy to be drawn between the expert proof-reader missing a gross error because of his concern with the minutiae and the proposed Area Boards that will have appreciably fewer lay representatives on them than have the present Hospital Management Committees. When a committee is formed only of experts concerned, however broadly, with their own aspects of a problem it is easy for them to miss the essential reasons for their existence which must always be the welfare of the patient. A committee, and more importantly, a local committee may have to rely at the moment on expert advice, but theirs is the final decision taken in the light of their own experience, and it is surprising how often a layman, after a week's stay in hospital, can see and on occasion solve tricky problems on a ward or in a department.

One of the proposals in the Green Paper is that very unlocal Area Boards, staffed with experts, should take over the running of our hospitals—will they, too, miss the essential meaning of the writing in front of them?

Trees in Israel

Dr. Henry Windsley, the writer of our article on the opening of the new Hospital in West Berlin, has recently been on a visit to Israel. During his trip he arranged for the planting of a Park of three hundred trees in the Churchill Forest in Central Galilee, in memory of Thomas Guy, and a further park of trees in memory of Dr. Hume-Kendall. The deeds of the Thomas Guy Park are now lodged with the Dean of the Medical School.

Lectures and Rounds

Recent correspondence in these pages has highlighted distinct criticism of the present system of lectures, and of the necessity of signing-in. Indeed, a boycott of all signing-in sheets has been advocated as from the 1st January, 1969.

The value of signing-in has been discussed elsewhere : the old cry "good lectures are well attended, bad ones are poorly attended" may have much truth in it. However, can we all lay hand on heart and say in all honesty that the broadness of our outlook is entirely due to our overwhelming good taste and discrimination in selecting our educational programme? If so, we are indeed fitted for the proposed new freedom. If not, surely all manner of temptations are laid open to the weaker brethren amongst us. No doubt they are a small minority, perhaps already floundering in a student society not renowned for vibrant participation in its own affairs?

Discarding the mantle of cynicism, would they perhaps benefit from a heightened sense of personal responsibility? The answer may lie in a trial period.

Perhaps a point of more relevance to student education is the vast increase in numbers of students being taught by the present system. Firms of 25 people are by no means uncommon, and the finest clinical teachers in the country (which we may well have), are undoubtedly hard pressed to make an educational reality out of the traditional ward-round. The elicitation of a physical sign by a queue of twenty students is hardly conducive to successful staff-patient relationships. Both patient and student feel a faint embarrassment about the whole affair, and the exercise rapidly develops a somewhat farcical note.

Our present methods of medical teaching must be radically reviewed to effectively deal with this problem. In this respect, the lecture, or as the Americans euphemistically call it, the unilateral discussion group, may have a far more important rôle to play.

All Change

Extensive alterations to the ward plan in New Guy's House are proposed. To facilitate incorporation of all cardio-thoracic cases on one floor, it is proposed to move Lydia Ward alongside the Intensive Care Unit in Cornelius. Evelyn ward will exchange places with Job, and Sarah ward will replace Lydia.

Conference of Editors

At the recent conference of Editors of Medical School Journals held at B.M.A. House under the auspices of B.M.S.A., several interesting talks were given on the purposes, the design and the production of the School Journals. While we cannot promise that as a result of the conference the *Gazette* will spring into colour or sprout a display of exotic type sprawling across diamond shaped pages (we leave that sort of thing to *Pulse*!), we were amazed to hear of the troubles that our less frequent contemporaries have with their contributors and printers. As a newly-fledged editorial staff takes up the reins we should like to record our appreciation of the keenness of our contributors and the long-suffering patience and co-operation that we receive from our Printers in Bromley.

The Tower Block

Many readers may not be aware that when the Tower Block was started permission had only been granted for the building of a new boiler house with a very tall chimney. Because the chimney was an integral part of the whole structure of the building, permission had also been granted for the erection of the walls and floors of the Tower Block. It has now been announced that permisison has been granted for the finishing and equipping of the Tower Block and its eventual occupation. Well-informed sources now give the date of occupation as "sometime in 1972". As the building is now only six weeks behind schedule—which is good going—there seems to be every reason to believe that this E.T.A. will be met.

Editorial Changes

Colin Brown has now retired after a year editing the *Gazette*. Despite the increasing demands on the time of a Houseman he has continued the arduous duties of Editor for almost the whole of his six-month appointment. It is with sorrow and gratitude that we say goodbye to him and welcome, as the new Assistant Editor, Graham Hey.

GUY'S DIARY

DECEMBER

9	M.	1.00	Clinical Lecture. Professor Sir HEDLEY ATKINS. "Duodenal Ulcer."
10	Tu.	1.00	Clinical Lecture. Dr. GRIMBLE. "Host-parasite Relationship."
12	Th.	1.00	Clinical Lecture. Mr. GLOVER.
16	M.	1.00	Clinical Lecture. Mr. KINDER. "Haematuria."
17	Tu.	1.00	Clinical Lecture. Mr. READING. "Carcinoma of the Larynx."
19	Th.	1.00	Clinical Lecture. Dr. HIND.
20	F.	1.00	Clinical Lecture. Dr. SCOTT.

CHRISTMAS ARRANGEMENTS 1968

Friday, 6th December

7.00 p.m.	Students' Carol Service in the Hospital Chapel.
8.00 p.m.	Snowflake Ball.

Tuesday, 17th December

8.30 p.m.	Staff Nurses' Carol Party at the Evelina Hospital.

Wednesday, 18th December

	Carols by the Southwark Cathedral Choir.
6.15 p m.	Party 'A': Hunt's House, Nuffield House and York Clinic.
	Party 'B': New Guy's House.

Sunday, 22nd December

7.00 a.m.	Ward Communions in New Guy's House :— 9th, 8th, 7th, and 6th Floors.

Monday, 23rd December

7.00 a.m.	Ward Communions in New Guy's House :— 5th, 4th and 3rd Floors.
4.00 p.m.	Dressers' Tea and Ward Decorations.
7.30 p.m.	Festival of Nine Lessons and Carols in the Hospital Chapel.

Tuesday, 24th December

7.00 a.m.	Ward Communions in all Wards in Hunt's House.
4.00 p.m.	Dressers' Tea and Ward Decorations.
9.00 p.m.	Nurses' Carols in the wards. (Assemble in Nurses' Sitting Room at 8.45 p.m.).
11.30 p.m.	The Blessing of the Crib and the Midnight Eucharist in the Hospital Chapel.

Wednesday, 25th December

6.30 a.m.	Holy Communion in the Hospital Chapel.
7.00 a.m.	Holy Communion in Nuffield House, York Clinic, and Nurses' Sick Room.

7.00 a.m.—7.25 a.m.	Breakfast in the Nurses Home.
7.30 a.m.	Day Nurses on duty.
8.50 a.m.	Holy Communion in the Hospital Chapel.
10.30 a.m.	Morning Service in the Hospital Chapel.
12 midday	Patients' Christmas Dinner.
1.00 p.m.—2.00 p.m.	Resident Domestic Staff to lunch in the non-resident Staff canteen.
1.00 p.m.	Nursing Staff Christmas Dinner in the wards.
3.30 p.m.—4.30 p.m.	Patients' and Staff tea in the wards.
7.30 p.m.—8.30 p.m.	Nursing Staff supper in the wards.
8.15 p.m.	Christmas Show in the Physiology Theatre.
	All day nurses to be off duty and out of the wards by 10.15 p.m.

Thursday, 26th December

2.00 p.m.—4.00 p.m.	Visitors' teas in the wards.
2.30 p.m.	Christmas Show in the Physiology Theatre, Staff only.
8.15 p.m.	Christmas Show in the Physiology Theatre, Staff only.

1969

Monday, 6th January

6.00 p.m.	Staff Midwives' and Staff Nurses' Cocktail Party in the Staff Common Room of the Medical School. PARTY 'A'.

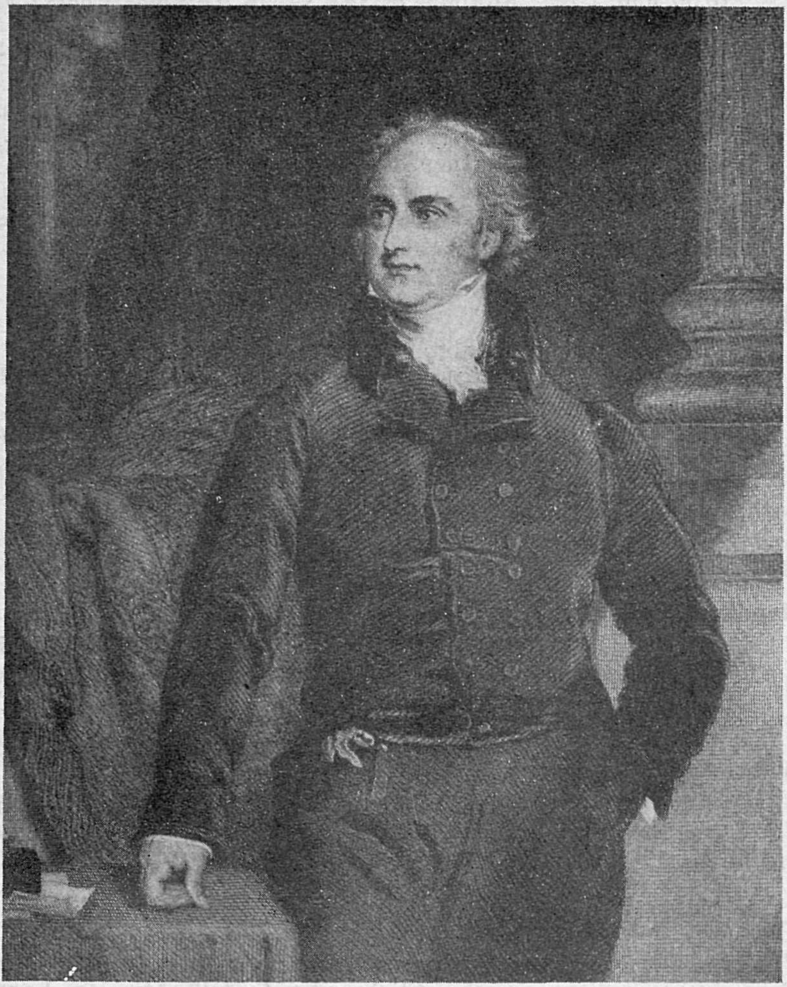
Wednesday, 8th January

6.00 p.m.	Staff Midwives' and Staff Nurses' Cocktail Party in the Staff Common Room of the Medical School. PARTY 'B'.

Thursday, 16th January

6.00 p m.	Governors' Cocktail Party for the Sisters at the Clothworkers' Hall, Mincing Lane, E.C.3.

M. A. DAY,
Deputy Matron.



Sir Astley Paston Cooper

Born 1768

Surgeon to Guy's Hospital

1800-1825

CELEBRATION OF THE BICENTENARY OF THE BIRTH OF SIR ASTLEY COOPER

An account of two meetings held to celebrate the Anniversary

A joint meeting of the Medical and Physical Society of St. Thomas's Hospital and the Pupils' Physical Society of Guy's Hospital, was held at Guy's Hospital on Tuesday, November 19th, 1968.

This joint meeting had as its chief guest Lord Brock, which was appropriate as Lord Brock has written a definitive biography of the illustrious surgeon whose bicentenary the societies had met to celebrate. Three cases of persons who had undergone Thoracic Surgery were presented.

The first case was a lady of some fifty years old for whom Lord Brock had performed a left thoracoplasty over fifteen years previously, for cavitating tuberculosis of her left lung. As this operation is now a rarity it must have amazed the audience to see this lady so well so many years after such a multilating but life-saving operation. Not only was the lady leading a normal life but the cosmetic result appeared to be excellent. Lord Brock commented briefly on the surgical and medical treatment of tuberculosis before the discovery of the anti-tuberculous chemotherapeutic agents.

The second case, from St. Thomas's Hospital, was of a middle-aged man who was discovered to have an obstruction in his right innominate artery and who showed the signs of the Subclavian Steal Syndrome. A local by-pass was effected at operation and the artery was cleared of the obstruction with good result. This, commented Lord Brock, was an operation that owed much to the pioneer work done in vascular surgery by Sir Astley Cooper.

The third and final case was a young man with a history of two attacks of rheumatic fever as a child, a few attacks of incipient heart failure and a sudden attack of ventricular tachycardia that had brought him to the attention of the surgeons. Mr. Donald Ross had found him to have severe aortic regurgitation and at operation had excised the faulty aortic valve, transferred the patient's own pulmonary valve to the aortic site and replaced the pulmonary valve with a pulmonary valve homo-graft.

With some enlightening remarks on the state of heart surgery today from Lord Brock, the meeting closed. The two societies were fortunate to have been able to obtain the services of Lord Brock and to have had presented to them three most interesting cases. To the secretary of the Guy's Students' Physical Society, Stuart Kilpatrick, must go a great deal of the credit for organising this meeting.

A meeting of the Hospitals and Schools of the United Borough Hospitals.

On the afternoon of Friday, November 22nd, 1968, members of the United Borough Hospitals met to hear five papers read as part of the celebrations of the bicentenary of the birth of Sir Astley Cooper. The meeting took place in the Hall of the Chapter House in St. Thomas's Street, by kind permission of the Chapter of Southwark Cathedral.

The Chairman, Lord Brock, opened the meeting by emphasising the appropriateness of a joint meeting of the two hospitals, St. Thomas's (lately removed from St. Thomas's Street) and Guy's "that upstart Hospital on the other side of the street", as Lord Brock described it. For, not only had Sir Astley Cooper begun his medical training at Guy's before transferring his studentship to St. Thomas's, but when, some years later, he became a member of the Guy's staff, he was always ready to "cross the road" to give advice or to operate. Lord Brock thanked the Provost and Chapter of Southwark Cathedral for allowing the meeting to take place on "neutral territory" though as, he said, the Hall was formerly the Parish Church of St. Thomas, he thought that the St. Thomas's men might have a slight advantage.

The first paper, entitled "Vascular Surgery, then and now", was given by Professor James Kinmonth, Director of the Surgical Unit, St. Thomas's Hospital. Professor Kinmonth showed that the difference between then and now was that the only technique useful in vascular surgery in Sir Astley Cooper's time was ligation, and, though he had made expert and frequent use of the technique, its usefulness was limited. We now had, Professor Kinmonth continued, another technique available for use in vascular surgery, that of vascular reconstruction.

Professor Kinmonth showed some slides of specimens from Sir Astley's collection showing ligatured arteries, including one showing ligature of the abdominal aorta. He then proceeded to outline the different modes of arterial reconstruction and replacement in use today. He also pointed out that the greatest advances had also been made in the supportive techniques of surgery which gave the modern surgeon an immense advantage over Sir Astley Cooper, mentioning especially the advent of blood transfusion, anaesthesia, the advances in antisepsis and arteriography, and the recent introduction of extra-corporeal circulation.

The second paper, read by Professor Sir Hedley Atkins (President of The Royal College of Surgeons as was Sir Astley Cooper on two occasions), was on Breast Surgery. Professor Atkins told us that the first paper read by Sir Astley Cooper to the Guy's Students' Physical Society, was on carcinoma of the breast and that, following the publication of his books on benign diseases of the breast and on the anatomy, physiology and biochemistry of the breast, he was engaged at his death on a third book dealing with malignant disease of the breast. Professor Atkins regretted that this last had never been completed and noted that it was fitting that the first Breast Clinic in this country should have been set up at Guy's.

Discussing the two published works on the breast, Professor Atkins mentioned that though Sir Astley could not have understood the aetiology of chronic inflammatory conditions of the breast (in common with all his contemporaries), his principles of the understanding and treatment of acute inflammation and of fibroadenosis still applied today. Only techniques unknown to Sir Astley, sectioning and staining, improved microscopy and a concept of the cellular theory of pathology, have advanced our understanding since his time. Sir Astley Cooper's description of the anatomy of the breast was not only a masterly piece of dissection but also of illustration and printing. His studies of the physiology of the breast were very advanced for his time.

Proceeding to the present day, Professor Atkins gave a brief account of the work of Bulbrook and Hayward in the "Guernsey Experiment" into the hormonal background of those women who do or do not develop malignant breast disease.

The third paper was given by Mr. N. R. Barrett (Senior Surgeon, St. Thomas's Hospital). It was concerned with the Thymus gland. Mr. Barrett pointed out that, as the functions of this mysterious gland had only been satisfactorily described by Miller some ten years ago, it was hardly surprising that Sir Astley Cooper had, along with all his contemporaries, been rather wide of the mark in the conclusions that he had drawn from his work on the function and anatomy of the gland. The important thing to realise, he said, was that, at the advanced age of sixty-two, this great surgeon had embarked on a very lengthy series of dissections of small mammals in order to determine the structure, and so the function of the thymus. Using only the limited, though intricate, techniques then at his disposal, Sir Astley had come to the conclusion that the thymus was a gland with, in the young calf anyway, connections with lymph vessels. Because of his great reputation this theory had hardly been challenged for several years, and, though many others had worked on the gland since that time, the subsequent theories on the function of the thymus had often been much further than had Sir Astley's from what we now realise to be the truth.

Mr. S. H. Wass presented a most interesting paper on the surgery of those most common and important defects—Herniae. Reminding his audience that Sir Astley Cooper had been operating in a time before the introduction of either anaesthetics or antisepsis, Mr. Wass told of one of the Surgeon's dictums—that delay in operating was more serious than delay in the operation. He pointed out that, with the frequent onset of complications post-operatively, Sir Astley had made provision for the easy formation of an external faecal fistula through the site of the operation in case the bowel should prove to be inviable.

Sir Astley Cooper's books on Herniae (one concerned with Inguinal and the other with the various other forms of herniae) were, once again, not only masterly expositions on the anatomy of herniae but were also beautifully produced. Mr. Wass wondered at the prohibitive cost of such books today. Mr. Wass finished his paper with a reminder about the usefulness to the country of these necessary, if rather mundane operations as compared with more sensational surgery.

In dealing with the subject of Fractures and Dislocations, Mr. R. J. Furlong (Orthopaedic Surgeon to St. Thomas's Hospital) was at pains to demonstrate that, though orthopaedic techniques had certainly advanced since Sir Astley Cooper's time, our ability to cope with the problem of certain forms of avascular necrosis after fracture was still much as it had been in his time. With some timely advice to young ladies on the relative advantages of a central dislocation of the hip as opposed to a posterior dislocation and the position to take in an impending collision in order to take advantage of this difference, Mr. Furlong concluded his witty account of his subject.

Lord Brock brought the meeting to a close by thanking the several speakers for their papers, the Provost of Southwark for his hospitality and Mr. Barry Ross for organising the meeting. Lord Brock then invited the audience to visit the exhibition of Sir Astley Cooper's writings, books and specimens which, together with many other relevant documents, had been assembled in the Crypt below the Chapter House by Mr. William Hill, and to visit the old operating theatre above the Chapter House.

GUY'S HOSPITAL THEATRE CLUB

presents

JOHN OSBOURNE'S

THE ENTERTAINER

Monday, 9th December—Friday, 13th December

Physiology Theatre, 7.30 p.m.

Free tickets available in the colonnade at lunch times, or from the Hon. Secretary, The East Wing, Guy's Hospital, S.E.1.

An account of the opening of a new hospital in West Berlin with memories that the visit revived and a service of remembrance in the City

by

Henry Windsley

Thirty years ago on the night of the 9th November, 1938, I witnessed in Berlin the first great *pogrom* sponsored by the Nazi Régime in Germany. As a schoolboy, staring at the illuminated sky from the window of my father's study overlooking the Kurfuerstendamm, I saw a pall of smoke which announced the burning of the synagogue in the Fasanenstrasse. The authorities approved of this act of violence as a retribution for the murder of a German consular adviser by a young Jew in Paris. This incident occurred as a result of an elderly couple named Grynspan, who had lived in Hanover for more than thirty years, and were deported in October by the German Government, together with 12,000 other Jews of Polish origin, to the eastern frontier. No country was prepared to give them asylum. Their seventeen-year-old son Herschel, who was in Paris, was half demented by what he heard, and as a reprisal shot and fatally wounded Ernst von Rath, a German Legation adviser. This provided the Nazi propaganda machine with a superb pretext to carry a long premeditated scheme into effect. I saw vans full of Stormtroopers and S.S. men driving along the streets, unloading Nazis who entered Jewish homes and carried off any male they could lay their hands on, no matter what age, and even when clad in nightclothes, the destinations of these unfortunate people were the concentration camps, which had sprung up all over the Third Reich. Jewish shops and businesses were broken into and looted. All this took place throughout the day of November 10th, in full view of diplomats and foreign visitors to the German capital.

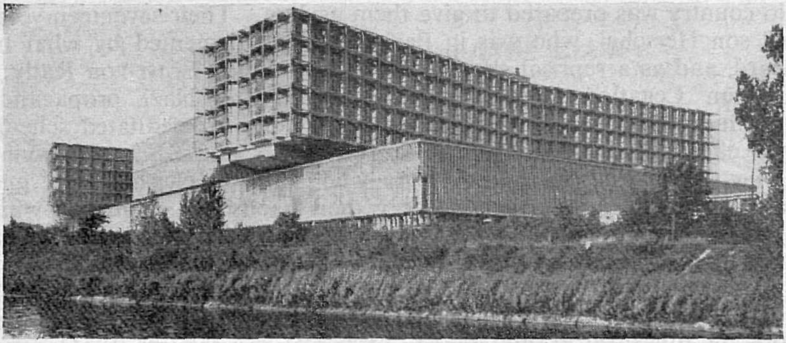
Prisoners were released from the concentration camps only on condition that they emigrated forthwith ; threats, and pressures were exerted on others; in no case was there any ultimate possibility of remaining. Special "flight" taxation was levied and the currency value that they were permitted to take with them only amounted to about 5 per cent of the property they had saved from the debacle, so that even the well-to-do could look forward to nothing but a life of penury.

It was with such memories that I visited Berlin.

The neon lights in West Berlin were alight in the evening air on my arrival in the city. The door of my cab closed behind me, and my driver set out for my destination, Hotel-Steinplatz. With a minimum of formality, I was shown to my room, passing through double doors. A small bar of chocolate lay next to the bedside lamp, with the proprietor's wishes for a good night's sleep.

The morning brought sunshine and I set out to the Fasanenstrasse synagogue, now incorporated within the new Jewish communal centre, passing on the way the British Consulate General. From an upper storey window a Union Jack bearing a crown in the centre waved in the morning breeze. "Dieu et mon Droit"!

The highlight of my visit to Berlin was by coincidence associated with the handing over of the new Klinikum Steglitz, of the Free University by the Benjamin Franklin Foundation, to the City of Berlin. This event took place on October 9th, in the presence of the United States Minister of Health, and the American Ambassador to West Germany, and Kaete Strobell, the Minister of Health. The function was disturbed by a group of rioters who drew attention to the United States' bombing of hospitals in North Vietnam, which they felt was inconsistent with the building of a mammoth hospital in West Berlin. During my short visit to the Klinikum Steglitz, I had an opportunity to speak to Professor Heinz Goerke, the medical director of the Klinikum. He told me that the Klinikum would house all medical departments except Paediatrics, Psychiatry and Orthopaedics. Most departments would be ready to begin receiving patients by 1st March, 1969. It is hoped that a building will be made available, in the near future, for the care of paediatric and psychiatric cases. The Orthopaedic Centre would remain in its present building in Oskar Helene Heim, a short distance from the Klinikum. The Klinikum was built at a cost of approximately thirty million pounds, out of which about six million pounds came from the Benjamin Franklin Foundation. Such an investment in West Berlin by the Americans was intended to provide a psychological boost as evidence of their support for maintaining the freedom of the western part of the city. In my short interview with Professor Georke, he expressed the hope that the Klinikum



Das Klinikum Steglitz, W. Berlin

(Photo from "Hospital")

would attract personnel from Western Germany to fill the various vacancies which would become available when staffing this hospital. It has been envisaged that this hospital would provide beds for approximately 1,400 patients. There would be great problems such as the co-operation between the various hospital departments and the running of combined clinics. Most of the medical staff would be selected from the West End hospital in Spandau, which will carry on functioning with the new hospital. It is hoped it will not be necessary to direct nursing staff from the other hospitals, where shortages are already being felt, but to recruit nurses from West Germany. A Nursing School for 140 nurses has been planned. In 1969 a computer will be available to the Klinikum for research purposes, and will also be used to calculate the salaries of members of the hospital staff.

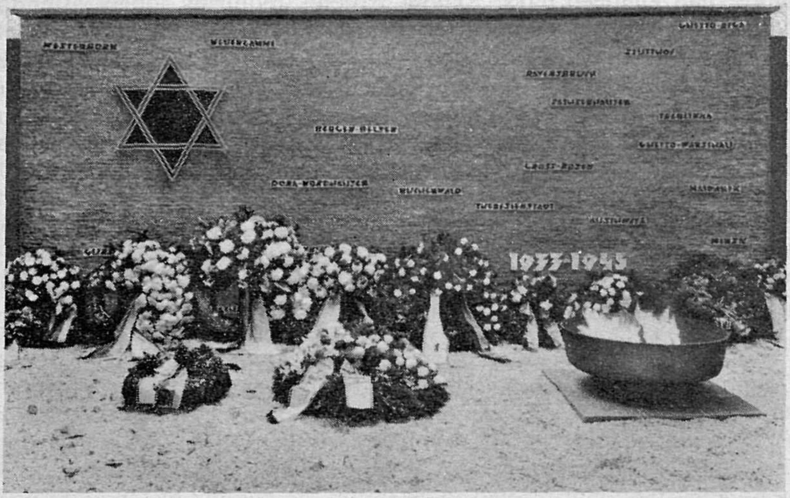
The hospital is primarily intended to look after acute cases, and none of the patients are expected to extend their stay for a period of more than eighteen days. Those patients requiring longer attention will be transferred to an after-care hospital in the vicinity, where they can be looked after by the admitting doctors. Professor Goerke humorously remarked that most London hospitals were named after Saints, when I took the opportunity of reminding him that Guy's is the only hospital in London named after its founder. After learning from him about the gift of Japanese cherry trees to the hospital grounds, he took his leave, and disappeared in the direction of the Secretary's room. With this in mind, I could not help thinking of Washington with its own cherry trees. It suddenly became chilly, and in the company of Frau Wilhelm, a German speaking Secretary I had engaged, I returned by cab to Hotel-Steinplatz.

On the eve of my departure I once more visited the Jewish Community Centre, where a memorial had been erected to the victims who perished in the Nazi concentration camps. Here a memorial service will be held on the 10th November. From the upper floor the sound of an orchestra could be heard, which played to the occasion of Simchas Torah, a festival to celebrate the reading of the Old Testament. In this atmosphere the words to Franz Schubert's "Ave Maria" filled the air.

" *HEAVENLY FATHER HEAR OUR PRAY'R*
WE SEEK THEE IN SUPPLICATION;
WE COME TO THEE IN DESPAIR,
FOR THOU CANST GRANT US THY SALVATION."

The morning of the 10th November brought dry weather to London. Shortly after crossing The Mall from the north side near Admiralty Arch, the first salvoes of the cannons of the King's Troop Royal Artillery brought everyone to a standstill at this minute of remembrance. The pigeons rose from their positions in Trafalgar Square to circle around Nelson's column, and once more the Admiral's eye witnessed another ceremony for the fallen heroes of two World Wars.

They fought for peace in the twentieth century and a happier land for their children and grand-children, but what we are witnessing today is strife in almost every continent of the earth. As the Queen's Guards stood to attention at the Cenotaph a memorial service took place at the Jewish Community Centre in Berlin, in the presence of the President of the West German Parliament, Walter Sickert, Mayor Kurt Neubauer, acting Burgomaster for West Berlin Klaus Schuetz and Heinz Galinski, Chairman of the Council of Jews in West Berlin. This was the 30th anniversary of the "9th November, 1938", which was a great turning point of the history of the Jews in Berlin and Germany. When wreaths were placed at this site at that moment from various Government bodies, and one on my behalf, we all remembered the hours of shame when buildings devoted to the service of God went up in smoke. Altogether 191 Synagogues were destroyed and with them the culture which Jews brought to Germany over hundreds of years. The memorial carries the names of concentration camps where, until the end of the Second World War, six million Jews perished in cold blood. Herr Galinski gave a moving speech in which he stressed the importance of furthering the development of a democratic Government in West Germany and reminded us that the State of Israel has been created out of the suffering and sacrifice of the Jews in Europe. The persecution of Jews today in other parts of the world is our concern as well as to those who work for the cause of Peace and Justice. He stated further that we are living in an age in which events are taking place in cataclysm, and new impressions are constantly imposed upon us. In the life of the individual as well as of the community, events take place which alter the character of living and break up the continuity of events into an altered direction.



Memorial in Berlin to all those killed in concentration camps, 1933–1945.

The November days of the year 1938 were of similar significance to the Jews in Germany.

Such events have found a parallel in the two Germanys of today, which developed out of the Potsdam treaty, except that in November 1938 a minority were denied their personal liberty, their human existence and dignity. We must remind ourselves of these days in order that such events should not befall another minority group of people. For the millions of children who died in innocence there was no military tattoo to pay homage to their bravery, but the wailing voice of a Minister of Religion reciting pages of the Prayer Book. For them the words customarily said for the fallen soldiers, "We shall remember them because they shall not grow old as we grow old" do not apply, we shall remember them because they were unable to grow up as we grew up, to know between good and evil. God has given us two Testaments for our guidance; we are committed to these children in their last Will to write new pages for our children and grandchildren, giving them a life of mental health and social responsibility in Freedom of thought, Justice in living and security in well-being.

REFERENCES:

Short History of the Jewish People (Cecil Roth) 1959 (published by Horovitz Publishing Co. Ltd.)
Berliner Medizin, Band 19, Heft 4–12 Berlin Oct. 1968.

I wish to thank Arthur Boyars, a former Guy's Student, author and art critic, for his advice on philology.

The Genito-Urinary Department at Guy's

by

F. R. Kilpatrick

The Genito-Urinary Department at Guy's came into existence nearly 60 years ago. A Governor's Handbook contains a note : "A staff meeting in June, 1908, represented that it would be for the benefit of the Hospital and School if cases of G.U. disease needing special treatment in the Hospital were aggregated into a separate Department." In 1910, Mr. A. R. Thompson was appointed as G.U. Specialist, whose duty it was to see out-patients on two days of the week. Five beds for male cases were provided in Astley Cooper Ward, three for females in Queen Ward, and a cot in Evelyn Ward. Mr. A. R. Thompson was our first Consultant, succeeded in 1937 by Mr. W. D. Doherty, who planned and successfully built a much larger Department, soon, unfortunately, to be disorganised by the War of 1939-45. During this period all in-patient work was transferred to Orpington, but in 1948 the Department was re-established at Guy's and a second Urologist was appointed. It is interesting to note that recently a working party on Urology recommends two Urologists as the minimum establishment for a Department.

For many years now the Department has attracted numbers of complicated cases in addition to the usual urological work, so that today Guy's handles iatrogenic and other urinary fistulae together with many difficult strictures.

The last ten years have seen tremendous advances in our speciality, including (a) ureteric reflux, now convincingly demonstrated in the Diagnostic X-Ray Department with the able support of Dr. Hugh Saxton; (b) urinary ileal and colonic conduits where the bladder cannot function from congenital, neurological or other causes.

In the Department of Surgery, Mr. Frank Ellis has done pioneer work on the electrical stimulation of the bladder. The results are disappointing as yet, but the exercise has led to electrical control of incontinence, which offers much brighter prospects. Our Senior Registrar, Mr. J. M. Flannery, is now working on the role of the pelvic floor in bladder control. These disciplines suggest that stimulation of the pelvic floor and urethra is essential in the investigation and possibly the management of the neurological bladder.

Although the Department is not directly concerned with intermittent dialysis in renal failure, we are delighted to have at Guy's a Renal Physician, Dr. Stewart Cameron. Dialysis and the renal transplants recently successfully performed at Guy's by Mr. Frank Ellis must widen the outlook of the Surgical Urologist and further attract many more patients to the Department. With regard to teaching, we are pleased that at Guy's Urology is now a compulsory appointment for students, the three-monthly term being shared with the Orthopaedic firms. Our house surgeon has a tremendous experience in surgical and medical urology, but he is so seriously over-worked that a second house surgeon is soon to be appointed. At Junior Registrar level we are in the training programme recommended by the Royal College of Surgeons, and I am sure that the six months spent with Mr. Kinder or myself must be a really useful basic training for general surgery. Finally, at Senior Registrar level the Ministry of Health has approved our three-year training programme, for which we are ideally equipped.

GUY'S OVERSEAS

An Appeal

"Poor" countries are those with a small national income, and many aspects of their development compete for a share in this. Medical services receive only a very limited budget, and can only afford a limited number of doctors and nurses. Most of these countries openly acknowledge the contribution made by medical missionaries, without whom much vital work simply could not be done.

Guy's Hospital has trained some thirty-five doctors, dentists, nurses and physiotherapists who are currently working in the mission field—in Africa, South America, India and the Far East. They receive extremely small salaries, and some depend for their income entirely on voluntary contributions. Usually they are quite satisfied with what they receive—enough to live on—but there is always the frustration of knowing that so much more could be achieved if only they had more money to spend on vital equipment, such as we take for granted here, and urgent local needs.

A Guy's Missionary Fund is being established to help meet the needs of men and women who have trained at this great hospital, and have taken on the challenge of Christianity as they see it and have gone where they believe their qualifications are most needed.

Please consider making a contribution to this fund this Christmas. All money received will go to the work being done by Guy's missionaries—either directly or via their missionary societies. The cost of this appeal is being privately borne, and there will be no expense so every penny received will go towards supporting their work. A report will be published in the *Gazette* from time to time saying exactly how the money is being used.

Please make cheques or Postal Orders payable to "Guy's Missionary Fund" and send your contributions to Robin Carmichael, East Wing, Guy's Hospital.

NURSING SECTION

INTENSIVE CARE

Intensive Care Units are a relatively new concept in the medical environs, and like most new ideas they are often much maligned. As a Staff Nurse in one such a unit, I feel a few clarifications as to the purpose and workings of an intensive care ward would benefit some of those whose antagonistic feelings may be a result of misunderstanding.

Perhaps one of the greatest bones of contention amongst other nurses is that the nurse-patient ratio on these wards is high, a typical remark being "on our ward we look after 27 patients with three nurses—you look after five with a staff of perhaps seven nurses!" One doesn't have to be a mathematician to recognise the inequality in numbers. In a good I.C.U. the ideal is one nurse per patient, with one, or on busy unit two, nurses "running". This is essential if the ideal of constant monitoring and observation of the patient is to be achieved; only in this way can the danger signals be recognised and the crisis, we hope, averted. In some cases, e.g. patients following open heart surgery, there is sufficient work to occupy two nurses in the care of that one patient, thus it is illogical to compare staffing of a general ward with that of an I.C.U.

That we nurse machines is untrue. Because of the amount of monitoring equipment ventilators, etc. required, the personal contact that exists between nurse and patient is not removed. Indeed, nurse-patient contact and "personalisation" is increased in these areas, for in few other quarters do the relatives receive so much attention from the doctors and nurses, and in many cases are themselves practically nursed through the crisis with the patient. It stands to reason that one will become far more involved when looking after the same patient for a day, or days, than if one's attention is divided between many—so please, no more criticisms that we are heartless mechanics.

The degree of specialisation in intensive care calls for a larger number of qualified staff, although on both Cornelius and Starling student nurses form a fair proportion of the ward complement. For these girls the prospect of "ventilators, yards of tubing and cardiac arrests by the dozen", is somewhat awe-inspiring, and many lack confidence. They are told that basic nursing is what they will be doing, and the refinements will be taught during their period on the ward. Unfortunately, pressure of work often precludes teaching, and at present it seems to be pot luck, whether the student arrives during a busy or a slack spell. Improvements are being made, however, and now the sister in charge of the unit gives lectures in the School of Nursing—also, with the changing structure of Nursing Administration, and the introduction of clinical instructors, it is hoped that this aspect will continue to improve.

It is a fact that working on an I.C.U. puts one under a greater "strain" than working is some other areas and although this is a personal viewpoint, it has been established in studies in America—in some units in the U.S.A. nurses are permitted to work in an I.C.U. for a maximum of six months after which time they are required to have a break. I am not suggesting that we all be given Christmas and the preceding three weeks off, but I must emphasize that intensive care nursing means exactly what it says—it includes:—

(1) Teaching and constant supervision of each student nurse;

(2) Total assessment by yourself of the condition of the patient;

(3) Total supervision of every piece of machinery and equipment in use on the ward—because neglect of any one of these could cause the death of a patient. The observer will note that with our maximum of six patients, two qualified staff to a shift are kept very busy indeed and that the tension must be considerable.

For the above reasons it will be apparent that comparison between general and intensive care nursing is perhaps unfair, and certainly on the grounds that intensive care units are overstaffed.

NURSING STAFF CHANGES

Sister J. Curtain, Cornelius (from 18.11.68).
Sster J. Evans, Victoria Ward (from 1.12.68).
Sister M. Y. Burlinson, Evelina Hospital, Night Sister.
Sister G. Glover, Matron's Office, Deputy Night Superintendent
Sister J. M. Hetherington, Nuffield Theatres, Sister-in-Charge.
Sister B. Hirst, Relief Sster.
Sister P. Jefferies, Paediatric Relief Sister (from 2.12.68).
Sister P. Lawrence, Matron's Office, Assistant Matron.
Sister M. Maxwell, Main Theatres.
Mr. R. D. McConnell, School of Nursing, Nurse Tutor.
Sister M. E. Moreton, Victoria Ward.
Sister J. W. Nicolson, Mary Ward.
Sister C. T. O'Donnell, John Ward
Sister E. Quealy, Matron's Office, Assistant Matron.
Sister W. J. Schweitzer, Main Theatres, N.G.H., Part-Time Sister.
Sister M. C. Whines, Ruth Ward, Sister-in-charge.

RESIGNATIONS

Sister P. Lee from Main Theatres, 30.9.68.
Sister F. Ware from Evelina Hospital, 30.10.68.
Sister R. Southey from Main Theatres, 1.12.68.
Sister V. Taylor from Deputy Night Superintendent, 31.10.68.
Sister M. Phillips from Main Theatres, 22.12.68.
Sister B. Pyle from Caleb, 5.12.68.
Sister R. Thirlaway retires 4.12.68.

CORRESPONDENCE

American Clerkships

SIR,—I think one of the big problems about clerkships in the U.S. or anywhere else abroad for that matter, is the sheer cost of travelling. Because medical service in a foreign community falls within the compass of the aims of the International Commentator Club, notably to better international understanding (no political under- or over-tones whatsoever), it may interest potential globetrotters to know that once members, they are entitled to incredibly cheap travel facilities. It's possible, for example, to get a *return* flight from London to New York, for the equivalent of only 300 pints of beer (old prices). Incidentally, anyone is most welcome to join.

Yours, etc.,
ALAN COULSON.

East Wing,
Guy's Hospital,
London, S.E.1.

Profitable Bargains

SIR,—May I, through the *Gazette,* thank all those who so kindly and generously gave towards our Bargain Sale.

Our grateful thanks also to the many helpers who worked so hard to produce this result.

	£	s.	d.
Clothes and Jumble	84	9	6
Gifts	82	18	0
Raffles	61	12	6
White Elephant	45	16	6
Produce	37	12	4
Jewellery	21	11	2
Toys	9	3	1
Refreshments	6	3	10
Admission	3	5	0
	£352	11	11

Yours, etc.,
M. K. SALMON,
Hon. Secretary.

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

More about signing

SIR,—Generally speaking there are two ways of forging a sign-in sheet. You can either provide a friend with a specimen of your signature and ask him to transcribe it. This is double deceit, for it implicates his dishonesty as well as your own, but is undeniably popular. At any lecture you can watch a goodly number of pens industriously copying out a list of names in various inks at varying intervals on the sign-in sheet; this is interesting in so far as it presupposes a man in the Medical School Office paid to detect such forgeries. The second method, that of signing your name and then walking out before the lecture begins, is simpler, restricts the deceit to the owner of the signature and demonstrates that the owner has at least had the energy to stroll over to the Anatomy Theatre to carry out the deceit.

The presence of this sign-in sheet is a reflection of a clause embedded in the medical curriculm stating that students must attend a certain percentage of lectures before they can be considered for medical qualification. It assumes that the Board of Examiners knows what is best for the student; that all students learn equally well from the traditional lecture; that if the attendence list is not present, the incentive of a good lecture is not enough to stimulate the student to attend; that all lectures are equally competent and equally enthusiastic to communicate an hour's worth of their knowledge to a bleak early morning gathering in the Anatomy Theatre; that more than 10 per cent. of a lecture is retained in the audience anyway.

The sign-in sheet completed, what does it show? It shows a certain proportion of students genuinely interested in the subject matter of the lecture, a certain number who feel it their duty to attend and their duty to cover up for their friends, some who have energy but no interest, and others who don't benefit from lectures and don't mind admitting it. The common factor that all students ultimately have to take the same exam. leads on to the question, does attendance at lectures bear any relation to the student's fitness to sit that exam.?

At any rate, while the medium of the lecture is in danger of becoming obsolete, the sign-in sheet has been so for many years. But if the Dean is unable to accept the fact when it is presented to him on three separate occasions, then authority is playing the blind god who knows how his subjects must live even though he never sees them. It is because of this attitude that I would support the proposal to burn or boycott the attendance sheet if it continues to appear after the New Year. But the New Year is still a month off, time for common sense and a little research into whether the lecture programme or the very concept of compulsory lectures fulfils the teaching needs of the student rather than the conscience of authority. After all, it is the student who is paying for his education.

Yours, etc.,

ROBERT LOMAX.

East Wing,
Guy's Hospital,
London, S.E.1.

It costs you nothing to make a friend at Barclays

Look in at your nearest branch, and ask to see the manager. You'll find he has plenty of experience in the vagaries of student finance. He'll help you to open your account, and give you any advice you may need on how to run it . . .

He'll ask you for a couple of specimen signatures and a quid or two. Then, providing you stay in credit, your 'Student Account' will be free of all banking charges. And you'll have made a good friend for the rest of your student days.

Barclays Bank *Money is our business*

Students—then and now

SIR,—When I joined Guy's as a student, I dedicated my heart to a profession paid for in cash by my father, who was also a Guy's student, and paid for by his father in cash.

It was not long after being admitted to this great hospital that I dedicated myself to do everything I could to help Guy's as a student, realising that what I put in would be paid back to my father and in what I took out, when I qualified.

Students to-day might change their attitude to their seniors, if they remembered, that, whereas no actual cash comes from their parents for fees etc. it does come out of their parents pockets in indirect taxation, as also it comes out of the pockets of all Guy's men and women who pay tax.

Guy's patients never die they only fade away.
Once a student always a student.

Yours, etc.,
G. G. ELLIS, Guy's 1932
on behalf of the late
G. G. ELLIS, Guy's 1895

Westholme,
134a, Sandgate Road,
Folkestone.

Residents' Bar

SIR,—It has come to our notice that the Residents' Bar is becoming increasingly populated by individuals who have no right to be there. We should like to point out to your readers that the Bar is for the use of the Residents and other members of staff and their guests.

The Residents' Fund, as always, is in a parlous state and cannot afford to subsidise free liquor consumed by uninvited guests. Such interlopers will be subject to summary eviction.

Yours, etc.,
R. M. IBBOTSON,
President.
G. J. GIBSON,
Treasurer
Guy's Hospital Residents

East Wing,
Guy's Hospital,
London, S.E.1.

BOOK REVIEWS

FUNDAMENTAL PHYSICS OF RADIOLOGY.
By W. J. Meredith and J. B. Massey, pp. viii + 599. 1968. John Wright. Bristol. Price 90s.

This is a very good book. Mr Meredith has long experience of teaching radiographers as well as radiologists in training, and has a gift for expounding radiological principles soundly in simple language and with a minimum of mathematics. Any radiographer can and should understand what he has written. The book is a "must" for the Radiography School library—one wishes that the price were within the scope of individual student budgets—and all radiographers are encouraged to read it. There is little doubt also that this will become a standard book for D.M.R. students, since it covers not only their requirements for Part I of the Diplomas, but also the physics which is at present associated with Part II, both diagnostic and therapeutic. The cost is about £1 more than that of Young's textbook which is the current favourite, but it is a pound well spent. I can recommend Meredith and Massey without hesitation to any student, medical or dental, interested in basic radiological physics.

C. B ALLSOPP.

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TEXTBOOK OF PHARMACOLOGY
by Bowman, Rand and West. Blackwell. £5 0s. 0d.

The three authors, experienced pharmacologists, were at the School of Pharmacy, University of London, at the time when this book was conceived. As they stress in the preface, their main problem was that their students needed pharmacology for a variety of reasons, ranging from experimental work at University and research institutes to retail pharmacists. The book therefore represents a compromise to achieve these ends.

Most textbooks of pharmacology include a certain amount of physiology, in fact there is no clear cut boundary between these two sciences. Here, however, practically half the book, i.e. the first half, is devoted to various aspects of physiology necessary for understanding the action of drugs. Much simple physiological knowledge is thus included which would not be necessary, for example, for a medical student.

The second part of the book opens with three excellent chapters devoted to general pharmacology, including the fate of drugs in the body and method of evaluating new drugs in animals and man. Then follows a series of chapters in which drugs are grouped according to their action on various systems of the body; with a final chapter on the chemotherapy of bacterial infections; other infestations e.g. malaria and cancer; quite a lot of information has been compressed in these 28 pages. At the end there is a list of suggested further reading for the various chapters. There are quite a reasonable number of good illustrations.

The book contains much useful information, some of it presented in a novel way and some of the chapters are really excellent. The authors have in fact largely achieved what they set out to do.

J.R.

SPORT

For all those interested in the status of Guy's, we draw attention to the first series of reports below. At long last we can really say that Guy's sport is back on top. There has been no notification of netball in these columns since May, 1960, when a cryptic note states that Guy's failed to win the Inter-Hospital's Physio's Competition. Still, the girls are now setting up in direct competition to the building site as spectator sport for men patients of New Guy's House. Let us hope they carry on the therapeutic good work.

On a more mundane level the Rugby Club have played two games recently. Guy's were not at their best against Loughborough Colleges, in a game which it was hoped would be an excellent advert for student rugby. Loughborough were given a six-point lead by two penalties both awarded for the Guy's forwards entering the loose scrum from an offside position. By half-time the score was 12—3, the three points being a try scored by John Ross, after a very determined and clever run of over 50 yards. Guy's were then depleted as Merrett left the field severely concussed. In the second half the Guy's pack played determinedly, but with a certain lack of originality. Although a penalty was converted, Loughborough were given a further five points, to finish the match 17—6 winners.

Against Cheltenham, a side with impressive wins over Coventry and Newbridge, Guy's again donated a three point lead to the opposition. However, the side settled down and attacked well, Novak caught a hanging up and under from Elliott, handed inside to the forwards, and Stoneham went over to level the scores. Cheltenham once again took the lead with a dropped goal, but early in the second half Elliott also dropped a goal. At this, Guy's galvanised themselves, and after some good loose rucking the ball went quickly along the line for Novak to score in the corner. The game ended with Guy's still on the attack, and worthy winners 9—6.

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NETBALL

After a lapse of several years, Guy's girls have re-formed a Netball team which plays in the court behind New Guy's House. There is considerable enthusiasm and a more than adequate number of players. The team has entered the 2nd Division of the University of London League, and has so far won two league matches.

GUY'S v. GOLDSMITHS II

University League. November 2nd, 1968.

Result: Won 13—1.

This was the first match of the season and the team played extremely well. Both Diane Langley and Alison Ironside are to be congratulated on good shooting.

Team: D. Langley, A. Ironside, L. Turner, H. Dow, J. Krafft, P. Birch.

GUY'S v. WESTHAM COLLEGE

University League. November 9th, 1968.

Result: Won 19—7.

Not such a good game, but Guy's claimed a resounding victory. All of the team played well, and the shooters, Diane Carter and Jill Krafft, must again be congratulated.

Team: D. Carter, J. Krafft, M. Thom, H. Dow, P. Birch, J. Brown.

GUY'S MEDICS v. GUY'S PHYSIOS

November 14th, 1968.

Result: Medics 6, Physios 9.

This was a most enjoyable, quite exhausting, and very close game. By half-time the Medics were 5—1 down, and towards the end of the first half, the superior fitness of the Physios was beginning to show. The second half was very close and the Medics were able to make up their score, largely due to brilliant play at the edge of the circle by Helen Dow.

Team: D. Langley, A. Ironside, E. Hogwood, H. Dow, M. Thorn, L. Turner, J. Brown.

SOCCER

GUY'S v. TEDDINGTON II

This, their first Saturday fixture to be played, was a big disappointment. Guy's were potentially the better and fitter side, but misdirected effort by many of the players led to few scoring chances appearing. Cripps hit the post twice after some nice passing movements up the field. The Teddington forwards used their opportunities well, and helped by some casual making, managed to score their three goals, all of which were against the run of play, and caught the Guy's midfield players out of position.

Vellacott had a good game at left back, and a freshman, Burns, at inside right, showed tireless energy.

This game proved that there is a basis of a very good sub. this year if only some organized plan of attack emerged. One hopes this will be forthcoming with the help of Mr. Dudley Bub, who is giving us the benefit of his experience as our coach this season.

Team: R. Clark, M. Vellacott, D. Crafts, R. Kendrick (Captain), C. R. Pearson, R. Goodhart, A. Godfrey, R. Burns, R. Clark, S. Cripps, A. Winskill.

GUY'S v. UNIVERSITY COLLEGE HOSPITAL 1st XI

Result: Guy's won 3—1. Away.

Guy's travelled up to Hendon determined to improve on last year's performance in this competition, where they reached the quarter-final. A weakened Guy's side, due to the injuries to S. Poole and D. Lindridge, took the field. They quickly settled down, playing some aggressive football. The 4-2-4 system, which suits the talent of the Guy's side, soon paid off. I. Nash and I. McClure were constructing some very good moves, and Guy's were eventually awarded with a corner. McClure placed the corner out of reach of the goalkeeper, and G. Faulkner bustled through the stout U.C.H. defence to score Guy's first goal. Guy's second goal came soon after, starting with another well-executed corner by McClure. D. Jacobs backheeled the ball, which once again had passed out of reach of the goalkeeper, to S. Drage, who scored comfortably. U.C.H. now in a desperate position, fought back very well, and with several Guy's defenders missing out on their tackling, U.C.H. scored with a very well taken goal, leaving the Guy's goalkeeper muttering some obscure Ausralian oaths, as usual. The half-time score was 2—1, and Guy's returned for the second half in a commanding position. The Guy's attack now slightly depleted with G. Faulkner injured, nevertheless, mounted some good attacks I. McClure and freshman A. Goodman both being unlucky and grazing the wrong side of the crossbar. The other freshman in the side, J. Edwards, was also having a very good game, his strong tackling and distribution paying off very well. Guy's third goal was scored by S. Drage with his characteristic opportunism bringing his total for the season so far, well into the twenties. Guy's tired slightly towards the end, but never really losing control of the game. Finally I would like to take this opportunity on behalf of the club of wishing D. Lindridge, last year's club captain, and this year's U.H. captain, a speedy recovery and return to soccer.

Team: J. Wood, S. Milner, J. Edwards, R. Davey, D. Lavell (captain), I. Nash, D. Jacobs, G. Fauker, S. Drage, I. McClure, A. Godman.

D. Jacobs.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited from registered dental practitioners for the appointment of **Registrar** in the Department of Dental Prosthetics with attendance on two sessions per week and duties to commence as soon as possible until 30th September, 1969. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London, S.E.1, not later than **Wednesday, 18th December 1968.**

NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the resident post of **Senior House Officer** for six months, commencing 1st February, 1969. The Unit, which is housed in the Maudsley Hospital, serves Guy's Hospital, Bethlem Royal Hospital and the Maudsley Hospital, and King's College Hospital. Applications giving details of experience and the names of two referees, should be made by 21st December, 1968, to L. H. W. Paine, House Governor, Maudsley Hospital, Denmark Hill, London, S.E.5.

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Senior Demonstrator** in the Oral Surgery and Casualty Department with attendance on up to six sessions per week and duties commencing as soon as possible. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, S.E.1., not later than **Wednesday, 1st January 1969.**

PERSONAL

ASSISTANT with view to partnership required by Guy's man in New Malden, Surrey. Flat available over premises and garage. Box No. 2/12.

ASSOCIATE—Required by two Guy's men, with definite view to join group practice in Tunbridge Wells. Would suit newly qualified. Ultra modern surgery with full ancillary assistance. Laboratory on premises. High remuneration to start. Tel: 22604, Evenings 25350. Box No. 4/12.

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CHANGES OF ADDRESS

Dr. and Mrs. Ian Reekie, 5 Swan Close, Moreton-in-Marsh, Glos. Tel: Moreton-in-Marsh 358.

Miss Ruth Thirlaway, 37, Marlings Park Avenue, Chislehurst, Kent, BR7 6QN. Tel: Orpington 20652.

Andrew and Maureen Winskill, Summercroft, 49, West Common, Haywards Heath, Sussex. Tel: Haywards Heath 4114.

MARRIAGE

REEKIE—HILL—On October 19th, 1968, at St. George's, Hanover Square, Ian Reekie and Sally Hill.

DEATHS

RICKETT—On 15th November, 1968, James Reginald Rickett, M.R.C.S., L.R.C.P. at the age of 63.

LLOYD-STILL—On 21st October, 1968, Lieut.-Colonel Robert Merrick Lloyd-Still, O.B.E., M.R.C.S., L.R.C.P. in the West Indies.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital, or left in the "Gazette" pigeon-hole in the East Wing.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

Personal notices one shilling per word (pre-paid) (minimum £1. 1s. 0d.).

Non-subscribers will pay £1 1s. 0d. (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS P. J. DAVENPORT and G. B. HEY
SPORTS CORRESPONDENT I. M. MORRIS
NURSING CORRESPONDENT D. BUDD

FORTNIGHTLY TWO SHILLINGS VOLUME 82 NUMBER 2098

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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PASSIM

The light of the dawning festive season sees the emergence of those hoary old opposing factions: we refer, of course, to the Christmasphiles and the Christmasphobes. The 'Philes eagerly await the first opportunity to display their annual exuberance, their orderly existence explodes into a frantic, papery, holly-bedecked, alcoholic frenzy. The 'Phobes, meanwhile, inspired by that phamous 'phobe of the Year of the 1860s, a Mr. Scrooge, observe the proceedings with ever-mounting frustration and anguish. Not contented with observing, they are fatally attracted to that very essence of Christmas celebrations—the party. Here, in sufficient numbers, their infinite capacity for bloody-minded rationalism reduces "Ding Dong, Merrily" to the level of a dirge. The 'philes, meantime, continue on their riotous if slightly unsteady way. . . .

Where, you might ask, do you fit in? We admit to being in favour of the exercise, the object of which must, undoubtedly, be left to the individual. Can you really imagine life without Christmas? No other occasion presents such a wide spectrum of emotions ranging, it can truly be said, from the infinitely sublime to the vulgar ridiculous.

But, putting aside the analysis, may we recommend wholehearted enjoyment of the festivities, each in his own way. We take this opportunity to wish you all a very merry Christmas and a happy emergence into 1969.

CHRISTMAS ARRANGEMENTS

Tuesday, 24th December

7.00 a.m.	Ward Communions in all Wards in Hunt's House.
4.00 p.m.	Dressers' Tea and Ward Decorations.
9.00 p.m.	Nurses' Carols in the wards.
	(Assemble in Nurses' Sitting Room at 8.45 p.m.).
11.30 p.m.	The Blessing of the Crib and the Midnight Eucharist in the Hospital Chapel.

Wednesday, 25th December

6.30 a.m.	Holy Communion in the Hospital Chapel.
7.00 a.m.	Holy Communion in Nuffield House, York Clinic, and Nurses' Sick Room.
7.00 a.m.—7.25 a.m.	Breakfast in the Nurses Home.
7.30 a.m.	Day Nurses on duty.
8.50 a.m.	Holy Communion in the Hospital Chapel.
10.30 a.m.	Morning Service in the Hospital Chapel.
12 midday	Patients' Christmas Dinner.
1.00 p.m.—2.00 p.m.	Resident Domestic Staff to lunch in the non-resident Staff canteen.
1.00 p.m.	Nursing Staff Christmas Dinner in the wards.
3.30 p.m.—4.30 p.m.	Patients' and Staff tea in the wards.
7.30 p.m.—8.30 p.m.	Nursing Staff supper in the wards.
8.15 p.m.	Christmas Show in the Physiology Theatre.
	All day nurses to be off duty and out of the wards by 10.15 p.m.

Thursday, 26th December

2.00 p.m.—4.00 p.m.	Visitors' teas in the wards.
2.30 p.m.	Christmas Show in the Physiology Theatre, Staff only.
8.15 p.m.	Christmas Show in the Physiology Theatre, Staff only.

GUY'S DIARY

DECEMBER

31	Tu.	1.00	Clinical Lecture. Dr. MACKEITH. "Vision in the New Born and very Young Child."

JANUARY

2	Th.	1.00	Clinical Lecture. Mr. WASS. "The A.B.C. of Thyroid Swellings."

Entertainment for Guy's Men

PLAYGUY

Christmas (and only) Number 1968.

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DEAR PLAYGUY

ADDRESS : PLAYGUY MAGAZINE, S.E.1

Bunny Uniforms

As a retired State Registered Bunny, I have been disdressed to read of the proposed changes in Bunny uniforms. For years the uniform meant very little to me, but, as time went by, I became more and more attached to it. I began to appreciate its good points and I am sure that it helped others to appreciate mine.

The freedom of movement it allows, the economy of material and the scarcity of trimmings all add to its attractiveness and suitability. The receptacle for scissors and pens provided by the plunging neckline is obvious evidence of thoughtful design, and the hats in the shape of ears, though difficult to starch, have no strings attached.

It is for these reasons, among many, that I would feel a genuine loss to see the end of my Bunny uniform which has provided so much pleasure for so many. I therefore urge all Bunnies, whether past it or present, to rise up with a broad front against the meddlers of the N.H.S. (Nationalise Hefner Society) and show them that there is more to you than meets the eye. This uniform must not be pulled down. We must cling on to it with all we have got.

Yours etc.,

S.R.B.

(name and address supplied, and available from the Eds.)

Painting Perplexities

Sitting in the Playguy reading room the other day, contemplating whether to read the Morning Star or the Times Business News (all that remained in the room after the deprivations of the Lady Members and the Residents), my eye was caught by the picture on the west wall of that room.

Getting involved in a totally ignorant conversation with another pseudo-intellectual on the relative merits of the painting and on the derivation of the picture, I wondered if one of your readers could enlighten us and resolve our basic dilemma?

My friend regarded it as a bastardisation of the pre-Raphaelite and post-Gaugin schools done in scrambled egg tempera, with an interesting use of allegory and the lie simple, whilst I thought it owed more to a primitive form of surrealism with extern wall influences and done in spit gravy and tomato juice.

Yours etc.,

Con Asseur.

Alcoholism

I am a first-year member of the Playguy Club and am already worried by my alcoholic tendencies. After a youth protected from the pressures of the outside world and far from the temptations of alcoholic beverages, I now find that, released from the control of my Private Tutor and cast into the wide, wicked city, I am deriving considerable pleasure from the juice of the barley and the hop.

Do you think that my consumption of two halves of bitter beer each Saturday evening and a small sherry before Sunday lunch marks my first steps on the Rake's progress leading to alcoholism and the Elephant and Castle?

Yours etc.,

Fount Le Roy.

I am told that my drinking seven pints every evening, and fifteen on Saturday, will do me no good. I consider this a lot of stuff and nonsense. I mean, my Sunday consumption is never more than four pints. Are we to end a lily-livered nation of Malvern Water drinkers?

Yours etc.,

Grum Straw.

Hostesses in the Surgical Changing Rooms

May I congratulate the Playguy Club on the provision of hostesses in the Students' changing room in the Playguy Theatre Block. This lightly clad female can but gladden the hearts of those about to spend four hours at the table. Her static poses with mop and bucket are especially effective tableaux vivants, and her occasional changes of position are provocation itself.

Yours etc.,

Ivor Lust.

With Difficulty

I read with considerable difficulty in your last edition of Playguy —but have since changed my spectacles.

Yours etc.,

I. Wash.

Playguy Party Jokes

Student (with historical bent): "There is so much medicine to learn today that if Osler were alive he'd be turning in his grave."

Registrar in Casualty: "M.U.A. means manipulated under anaesthetic, not mauled under anoxia."

Casualty Officer to woman who was found to have a trichomonas infection: "Madam, may I ask when you last washed your passage?"

Woman (surprised): "About a week ago. But I did the stairs only yesterday."

"No!" cried the girl centipede, crossing her legs, "a thousand times no!"

THE PLAYGUY ADVISER

All reasonable questions—from acne to zulus but preferably about sex, perversions and black leather underwear (reasonable remember) will be answered by our team of resident analysts and bespectacled female journalists.

Sir, the mini-skirts in the Park have become so numerous and so short that I am unable to cross the Park in under twenty-five minutes and arrive late for lectures in the Medical School in no fit state to contemplate the complexities of medical science.

What can I do to adjust myself to the situation?

Answer: In the absence of our resident analyst—who is watching mini-skirts in the Park—we can only suggest bromide in your tea or, to bring yourself under control with valium 25 mg. t.d.s. Otherwise you might try blinkers.

Sir, is it desirable for a gentleman to use sealing wax on strictly personal correspondence?

Answer: Only when the personal correspondence is hand delivered on a black velvet pillow by a satin-coated postillion in yellow knee-breeches.

Sir, my boy friend keeps wanting to go on take-in. Though I know that this is most laudable, I have a sneaking suspicion that it is only so that he can meet my girl-friend (on nights in Miriam) and woo her over an illicit, late-night coffee in the ward. She denies any knowledge of this and protests her innocence. How can I be sure?

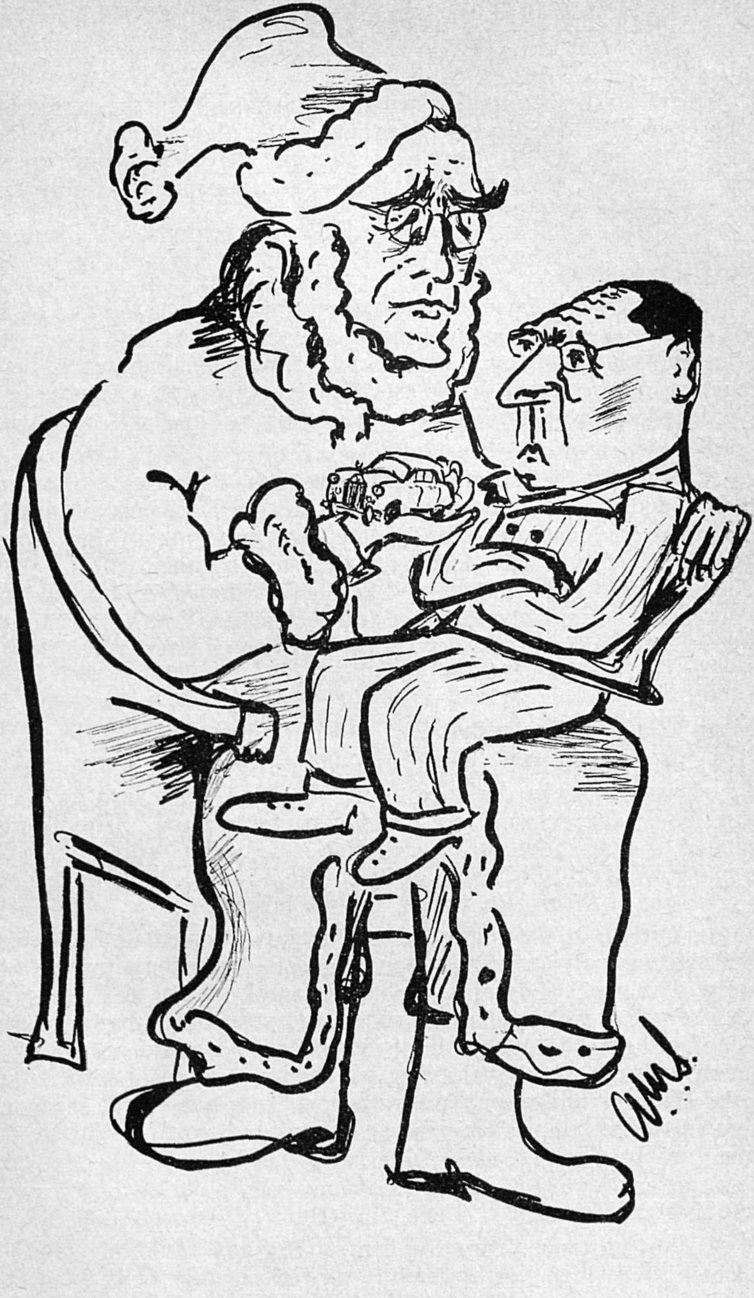
Answer: Have a word with Night Sister. She will take care of your boy friend.

Sir, I have now been to four Inflams and no one has ever asked me to dance. Can you explain what I am doing wrong? I enclose a snapshot of self at Clacton last summer.

Answer: We are at a loss to explain this—it is dark in the Inflams.

Sir, in your last edition you advised me to give it up or curtail it at the least. I am finding it incredibly difficult to follow your advice and am getting in more and more of a mix. If I do give it up I think that I shall lose a most important part of my life and I am loath to do this. Is there any other advice that you can give me to help me solve my problem?

Answer: Hold on a minute, dear, we are still searching for our previous edition—we didn't know that there had been one.



“ But . . . but I’ve already got one !”

Playguy After Hours

Where do they go to, the swinging Playguys, after the sacred hour of tea is over? How do the phantoms of the night occupy their dark hours of recreation? Our exclusive Playguy survey has come up with these astounding, undenied, provocative, daring and miserably mundane exposures of Guy's at night.

Five O'clock Swill

One of the first phenomena that we observed was the five o'clock swill in that down town dive known colloquially as The Bar. Here gather the playguys for a brief orgy of bacchanalian revels before departing to other more exotic establishments (though a few die-hards have been known to survive a whole evening in The Bar).

Our next port of call was that haven of rest, Will's Library. No sign of Will, but the charming female hostess—a sort of bibliotheque bunny—guided us to our table across the plush carpets through an atmosphere redolent of some of the last moments of the Roman Empire. Everyone was sleeping, exhausted by their efforts of the earlier evening. The joint gets full points for atmosphere but, shouting for service, your correspondent was quickly ushered out. One can only suppose that food and the floor show start much later, when they all wake up.

Playguy (Plaguey) Restaurant

At the Playguy Restaurant, jokingly referred to as the Spit, probably because it sticks out into Saint Thomas's Boulevard as does a gravel bank, the service left nothing to be desired. The Chinese principle of "one mouthful of each dish is sufficient" applies here and the plates were skilfully swept away by the hostesses without one even being aware of them—the plates, not the hostesses.

An initiate in the night life of Playguys showed us into a dark room with men all round the door obviously ready for a fast getaway in case of a raid. The air was heavily smoke laden and occasional bursts of raucous laughter confirmed the suspicions that something was going on on the other side of the room. We could just make out a hatch, through which was being watched a most lurid scene. True to our Playguy philosophy we withdrew from this torrid scene and walked away past the cover sign of "Television Room". Who do they think they are fooling?

Temple from Mansfield

A short distance from the central Playguy building stands an ancient hostel which has apparently moved recently from Mansfield. It is here, upon the well kept floor, that some of the more exotic festivals in the Playguy's calendar are celebrated. The rotund high priest of the establishment greets one most affably and it is difficult to believe the unconfirmed rumours that he undergoes a severe change of mood at ten past eleven each night. This place is to be thoroughly recommended but, of course, needs no recommendation to regular Playguys in the know.

On the Wards

Leaving the delights of the Miller our guide introduced your investigators into that complex ceremony of "Coffee on the Wards". Creeping quietly into a ward "somewhere in the South-east of London", we observed the ritual of slipping off the cardigan and the ancient greeting of "Oh! It's only you", (we are led to believe that the cardigan ritual is held to be effective in warding off evil spirits). Seated in a ring of light in this darkened place we were soon regaled with coffee only to be interrupted by the arrival of one of those fully paid-up members of the Playguy Club called, colloquially, a Houseman. Mixing his coffee with electrolyte reports he could only yawn and made not coherent conversation except for some veiled enquiries about a Mrs. Smith. One was left in no doubt as to the effects of dissolute living and overpaid idleness on the constitutions of these regular members of the Club.

Night Round

A subtle change was taking place in the atmosphere of the ward. No one spoke of the unmentionable fear that slowly pervaded the air around the coffee drinkers, but we all knew what was about to occur—Night Sister's Round. Suddenly our nerve gave and we all dived for the sluice to avoid the raiding party. As we disappeared into our haven we were just able to observe the ritual of the cardigans again and to hear the frightened whispers of the quaking girls that we had been forced to abandon to the mercy of that hidden terror of the night.

Ten minutes later, after hurried farewells, we followed our guide out of the ward and into the safe darkness of the Park to observe the night sports going on there. A lack of any such spectacle left us free to wander in search of sustenance in the South Bank (Boro') Quarter.

Swinging S.E.1

On we walked through the dark night, watching the light show at the end of St. Thomas's Boulevard (very reminiscent of Balham, Gateway to the South, etc.), past the darkened shop fronts and silent cafes, the empty pubs and the night-light in Little Dorrit's. We found nothing open, nowhere for late-night Playguys to revel, no den of iniquity luring us into its promised (and never to be fulfilled) delights. We did hear of a distant outpost of the Indian Empire situated in Tower Bridge Road, but even this, we were told, would by this time have closed its minaretted entrance, drawn a veil across its oriental façade and doused its Coca-Cola sign. No hope for the hungry Playguy except to return to the main Club and plead starvation in the hope of being treated with sardine sandwiches in the A and E rooms (the Anything and Everything rooms). Eventually satisfied, the survey came to an end as the surveyors rushed to catch the one-eight from London Bridge Station.

PLAYGUY POETS

SPACE

I lie there still and wish with all my might,
All systems "GO" throughout my lonely flight.

Around my body firm the nylon bands,
I feel the harness just like unseen hands.

Across my face I feel the gentle waft
Of oxygen, that vital gaseous draught.

A disembodied voice I clearly hear
Relentlessly relay the count-down in my ear.

The seconds pass and suddenly "ZERO".
A jolt, a roar, a thrust and there I go!

The months, the weeks, the anxious waiting days,
The irritating strain of new delays.

All over now, all in the past as now I face
My great adventure, this my flight through Space.

I feel the pressure building up on me,
And recognize the mounting force of "g".

I ride them well these forces as they pound,
Just like the simulators on the ground.

And then a new sensation comes to me,
The pure delight of zero gravity.

The Earth beneath, the sky above all seem remote,
As I enjoy euphorically "free float".

But then it seems to me that all too soon,
Procedures start for landing on the Moon.

As in the simulator I did frequently rehearse,
I feel the launch sensations, this time in reverse.

Then suddenly it's over, all is done;
My journey into Space. The day is won.

And in my ear once more a voice I hear,
It seems to me to be astonishingly near.

What are those words, whatever do they say?
I try to understand the message they convey.

"It's all right now, it's out, it's over, lad.
That tooth I've just removed was really bad.

I'll just clean up the blood from off your face.
I'm sorry that it's left an awful SPACE."

Leonard Wilder.

GODS !

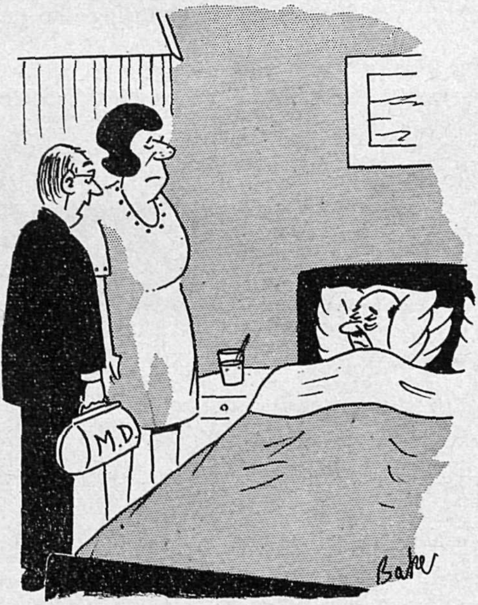
Would you like to dance with me?
I'm one of the handsome fraternity,
I'm a gay young medic, a bachelor free,
I might even ask you back for coffee!

Pater's a Doctor, a Consultant of reknown,
Trained here at Guy's in gay London town,
Of course I'm randy, as many may tell,
I dress like a Dandy, I like to look well.

My eyes are so blue, like the azure sea,
Oh God ! You're lucky to dance with me.
I came top in second M.B.,
The first-born son of a rich family.

Of course you're a nurse, that I can see,
One of those who's always chasing me.
If course I don't blame you, nobody would,
And you'll adore my car with convertible hood.

A Nurse.



"Just let him up for light housework at first."

Playguy Interviews

Below we print some excerpts from Interviews that have never before been published and have never in fact taken place, which accounts for the lack of answers. We hope that the prospective interviewees will be able to answer the questions, as well as all our other readers.

Dr. V**gh*n. Tell me, Doctor, do you find your closed circuit Television useful for practising your future Party Political Broadcasts?

Miss T*t**y. Is the bow-tie an original idea, or did you get it from the uniform worn in a leading London Club?

Mr. B*rf**t. Can you deny the rumour, Sir, that the top twelve floors of the Tower Block are going to be used as a Dental Playguy Club, with Bunnies in Pink Belts?

Dr. C*m*r*n. Have you tried Bostik for Bostock, to keep the floor in place?

Dr. M**n. Do you ever eat Potatoes baked in their jackets?

Dr. M*cl**n. Is it easier to get to Sundridge Park from St. Olave's than it was from Guy's?

Dr. B*r*y. Is it true that the 1st XV captain is assiduously practising tossing a coin in case we draw the next cup final?

Mr. B*t*h*l*r. Rumour has it that the Rugby Club has presented you with a pair of knee muffs in full blue colours. Can you comment?

Prof. F*x*n. We hear you are entering the next table-tennis championship. Is this true?

E*st W**g P*rt*r. Is it true that you received three telephone messages between five-thirty and ten-thirty last week? If this is so, what were you doing at your desk?

Amazing :

A notice has recently been posted **asking** three dressers on the Paediatric Firm **not** to attend the Child Welfare Clinic.

Playguy Dictionary

Hymen—a greeting to male colleagues.

Whipped cream—masochistic milk.

A gossip—someone who puts one and one together even if they are not.

Chivalry—a man's instinct to protect a woman from everyone but himself.

Bad trip—acid indigestion.

Frustration—nixed emotions.

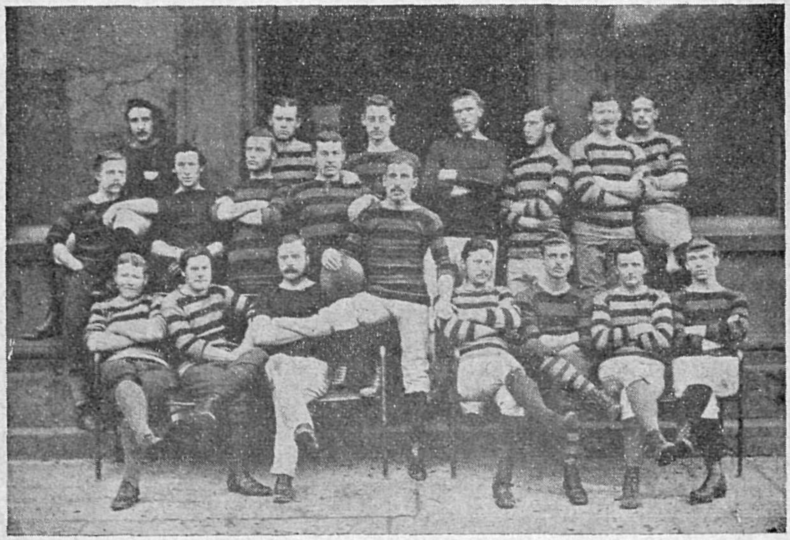
Bulldozer—a man who sleeps through Party Political Broadcasts.

THE PLAYGUY BUNNYBALL PREVIEW

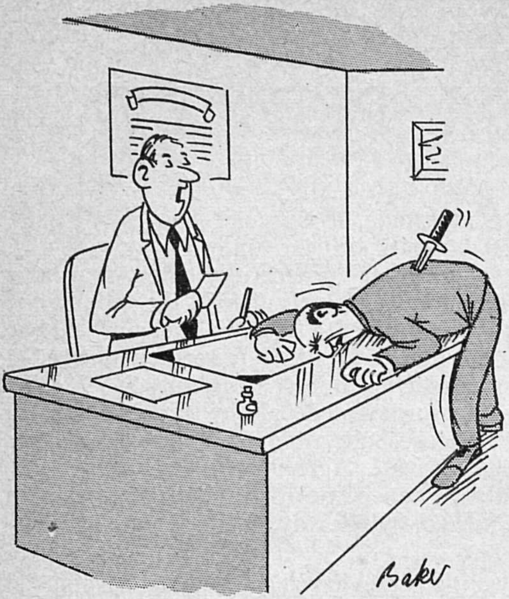
In a few weeks' time a multitude of muscular masses will take to the field in pursuit of honours in the Inter-Playguy Clubs' Bunnyball Contest 1969. This annual competition always attracts much comment from the Bundits who fiercely defend the reputations of their chosen Bunnyball Team in the Playguy Clubs throughout London. It is not unusual to see the members raise their glasses to one another in disagreement, and even to hurl a "Bloody St. Mary's" or two at each other; behaviour surmounted only by those Consultant Playguys, confined to the Penthouse Suite where Bunnies are paid for by B.U.P.A. (Bunnies Under Private Agreement). Frequently the present Playking, Lord Ribbons, can be heard singing the praises of the sport (which began in Chicago, by the way, not in Rugby as is the popular belief).

In this edition of Playguy we preview the 1969 contest and the prospects of the home team.

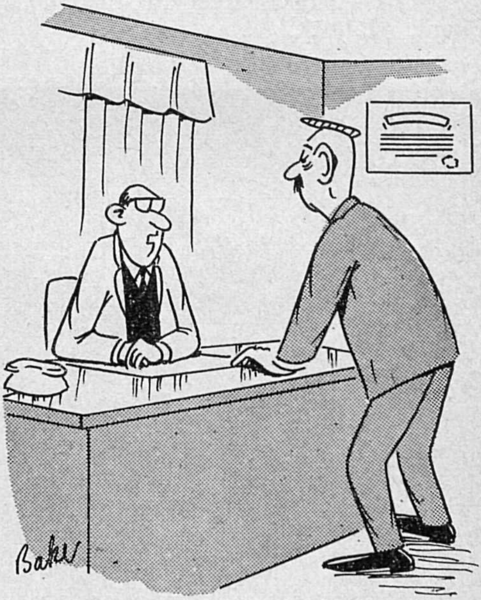
The photograph below shows the likely line-up. A team that includes several of last year's finalists and which has shown good form this season—thanks largely to their coach, Hugh Bunny, the New Zealand All-buck.



The Playguy Bunny-Ballers, 1969.



"Come on. If you hurry you'll just catch the chemist before he closes."



"Your illness is entirely imaginary and I want you to imagine that you are taking two pills after each meal."

Write critically of your colleagues —
but tear it up in the morning

THE MEDICAL PROTECTION SOCIETY

offers world wide security
for doctors and dentists
against professional risks.

Secretary
Herbert Constable MRCS, LRCP

Dental Secretary
John Seear LDS, RCS

50 Hallam Street, London, W.1. Telephone : 01-580 9241

CORRESPONDENCE

Thoracic Teach-in

SIR,—For a long time the members of the staff of the Thoracic Surgical Unit have been worried about what they feel is a waste of good teaching material in their beds. For this reason I would be grateful for space in your Journal in order to advertise the following innovations in the Thoracic Unit.

Firstly, there will be a voluntary Undergraduate teaching round each week, conducted by a member of the Staff, at 1.45 p.m. on Thursdays and lasting approximately one hour. Attendance from both medical and surgical students will be expected providing they have no definite commitments on their own firms at the time.

Secondly, it is intended to hold a Post-graduate seminar in the Clinical Demonstration Room, New Guy's House, at 4.45 p.m. on Fridays. Anyone at this level, including visitors, who is interested in chest medicine, will be welcome.

It is intended that this programme will begin on the 2nd and 3rd of January, 1969. Any suggestions or criticisms of this plan should be sent to us before this date.

Yours, etc.,

R. H. F. BRAIN, F.R.C.S.,
Consultant Thoracic Surgeon.

Guy's Hospital, S.E.1.

The Rose Ball

SIR,—May I, through the courtesy of your columns, draw your readers' attention to the Clubs' Union Rose Ball to be held at the Savoy Hotel on Friday, 17th January, 1969? This is a Ball for everybody from the most senior consultant to the most junior student.

Due to the popularity of last year's Ball at which tickets were in great demand, we have decided to limit the sale of tickets to 200 this year. Early application is therefore advised to avoid disappointment. Requests for tickets and table reservations for parties, if possible, of 8, 10 or 12 people, should be made to those named on the posters throughout the Hospital.

Dancing will be to Sid Philips and his Band, with the added attractions of Pinkerton's Colours, Cabaret and Tombola with splendid prizes.

Yours, etc.,

B. A. ROSS.

Guy's Hospital Clubs' Union,
Medical School,
Guy's Hospital.

Sister Thirlaway

SIR,—May I, through the medium of the *Gazette*, thank all those who so generously contributed to the cheque presented to me at my farewell party on Wednesday, November 20th.

I am most grateful for this gift and look forward to purchasing with it a memento of the many happy years I have spent at Guy's.

Yours, etc.,

RUTH THIRLAWAY.

Matron's Office,
Guy's Hospital.

Guy's "Back-Room Boys"

SIR,—Extracts from *Hansard* Parliamentary Debates (House of Lords), Tuesday, 26th November, 1968.

2.43 p.m.

Baroness Serota (introducing the Family Law Reform Bill):—

"Whilst paying tribute to these legislative pioneers" (*Lord Merthyr and Lord Amulree had previously introduced Bills on Disputed Paternity and Blood Tests*) *"it is fitting also to mention the work of Dr. Alan Grant of Guy's Hospital, an expert in this field of medicine who has for many years campaigned for a proper code of law on the subject . . . "*

5.23 p.m.

Lord Amulree:—

" The person who has been at the back of this Bill all along is Dr. Grant of Guy's Hospital. He has done an enormous amount of work: he encouraged the noble Lord, Lord Merthyr, and he encouraged me, and certainly this Part of the Bill is largely due to his work. I trust that the Bill will now proceed without any further hitch."

Yours, etc.,

KEITH SIMPSON.

Department of Forensic Medicine,
Guy's Hospital, S.E.1.

The Original Spirochaetes

SIR,—I had much pleasure in reading the account of the match between the "Freshers" and the "Spirochaetes" in the hockey section of the 9th November edition.

The original "Spirochaetes" were a second class bunch of chaps who decided to form a side to play in the Paignton Hockey Festival of 1959.

The first eleven were playing at Folkestone, and rather than let them have it all their own way, the second eleven gathered money out of some sports fund and subsidizing themselves by five pounds each, set upon the Easter week-end in the West Country.

Transport was arranged by hiring a Dormobile from a well-known South London firm, and to loud cheers, the journey commenced from the south side of the colonnade at 11.45 in the morning. By 3 p.m. the first major hazard was overcome, by pushing the last man out of "The Miller" through the back doors of the van and closing them behind him—no mean feat as there were fourteen encumbrances and all their suitcases and sports gear. At 3.05 p.m. we entered the Borough High Street and soon were making for the West of London. Several stops were made en route to partake of the waters, and many others to reverse this process, and so in true Hansel and Gretel fashion a trail of bottle tops marked the journey to Devonshire.

Quarters in Paignton were in a guest house with a view of the sea, not far from the Festival Headquarters in the Hydro Hotel. Once the van was unloaded of suitcases, a barrel of cider was put on the floor, and this gave continuous refreshment to players (opponents included) at all the various stages of play.

As far as one can remember, not many matches were won, but the scores were kept within reasonable bounds.

Our only brush with authority was when a local M.O.H. noticed " Spirochaetes in festival" as a headline in the local paper, contacting the Festival Committee by the back door, he got our names changed to "Guy's Hospital." Representation by our good selves soon rectified this matter, and the next day we were again down on the programme as "Spirochaetes."

The highlight of the Festival was the last night's grand dance, when all fourteen of us got in on one ticket, it being passed back outside again through the basement lavatory window thirteen times. There were all the usual sounds of a hop in the students' club. But the most remarkable sight was watching the Mayor and Lady Mayoress in full regalia, being chased back up the front entrance steps of the Hydro by some student with a foaming fire extinguisher—we were most relieved to find out later he came from some College in Oxford.

The journey to London was made more interesting by picking up three girl hitch-hikers; this made the van a bit overcrowded as we still had the barrel in the back and however it climbed the hills outside Charmouth is a credit to British engineering skill. We dropped the ladies in Salisbury; why, is a mystery, as they were on their way to Plymouth.

Once we got back to London and the various spoils were divided, the Tour's Purser announced a refund to one and all of one pound per head. I can't remember to what purpose I put mine.

Wishing A. Gillham and his side a first class season.

Yours, etc.,

C. COLIN BERWICK.

Springfield,
332, Upper Richmond Road,
Putney, London, S.W.15.

Mrs. Fawcett

SIR,—While re-reading some old *Gazettes,* I noticed the obituary of Angela Fawcett. Although several months late, may I pay her a small tribute? In 1952, when she became the first woman H.S., I was the staff nurse on Diplock ward, and we were often in need of her services (there was Phillip, our blind-deaf boy, who needed extensive dental treatment), and I remember Mrs. Fawcett—or rather Miss Fooks—for her courtesy, efficiency and above all, her gayness and humour. She played with Phillip, gained his confidence, and in no small way contributed to his successful dental treatment.

It was sad news indeed, to hear of her death.

Yours, etc.,

ESME WILLIS (née Webb).

12, St. Andrew's Avenue,
Nuneaton, Warwicks.

A Poem for Christmas

It is not the gentle routine
Of Christmas that strikes the old roots,
Red, white, green again in a flash—
Nor is it the half-touched memory
Of sly glances, of hope
Held in check until later:
And it isn't
Wicked hoar promises,
Last-minute shopping, or
The hurry. No, lady,
It is not even in the quiet closeness,

David Richards

SPORT

BOAT CLUB

1968 Inter-Hospitals' Boat Race

This is an annual event between Guy's and St. Bartholomew's Hospital. The race dates back to 1840 and has just recently been revived with the presentation of two fine trophies.

The race is divided into two divisions. In the first, open, division, the Hospital's first VIII's, rowed for the May and Baker Challenge Cup, and in the other division the second VIII's rowed for the World Medicine Trophy.

The event began at about 12 o'clock on Saturday, 16th November, which was an extremely cold and dismal day. Bart's first VIII had been together for the whole of the term, and were training regularly, whilst Guy's first VIII consisted of two coxless IV's combined, it being their only second outing together as a crew. After the usual needling of the opposition by cox Tim Kirk (just back from Mexico) at the start, the race got under way, both crews holding each other off very well. Guy's, rowing extremely well for an almost scratch crew, drew gradually away to a slight lead, which they maintained for about two-thirds of the course. However, just before the boathouse, fitness began to tell, and Guy's were unable to answer a spurt by Bart's, who came through in the last 50 yards to win by 1½ lengths.

The second VIII's eventually managed to get on the water, after about half-an-hour of panic looking for the seats of the boat. Here again Guy's were at a distinct disadvantage. Our crew consisted of three oarsmen who had not rowed at all during the term, and one fresher who had only learnt the art this term. Both crews started well with Bart's taking half a length. Guy's quickly settled down to a long steady stroke, allowing them to draw away to a one length lead, which they maintained for most of the course. As usual, however, fitness was to blame and both crews were neck and neck as they passed the boathouse. The verdict was 4 feet to Bart's. This was an extremely fine effort by Guy's, as it was their first outing together as a crew.

Crews:—1st VIII: Bow, G. Stygall; 2, K. Thompson; 3, A. Batch; 4, N. Bax; 5, G. Jackson; 6, J. C. Miller; 7, J. Pook; stroke, J. Dalziel; cox, T. Kirk.

2nd VIII: Bow, R. Pinkney; 2, M. Gleeson; 3, S. Palin; 4, M. Denyer; 5, J. Bates; 6, A. Fenn; 7, D. Gillman; stroke, P. J. M. Moulder; cox, R. Ashman.

The United Hospitals' Regatta

This year it was the policy of the Boat Club to concentrate on teaching and coaching the freshers so that they would remain keen and provide the club with a useful supply of oarsmen in years to come. Obviously this paid off, and one of the Novice IV's won their event by beating each crew easily in each heat.

Two senior coxless IV's, a Junior IV, two Novice IV's, a Rugger IV, and a senior sculler were entered.

Senior Fours

The "A" crew managed a bye into the second round when they met St. Mary's Hospital. Starting off at a higher rating than the opposition, they gained about one-third of a length, which was lost by Quintin R.C. Mary's, leading under the Chiswick bridge, took it away to win by 1½ lengths.

The "B" crew were drawn against St. Thomas's "B." A bad start at a low rating gave Thomas's half a length lead which was regained by Quintin B.C., only to be marred by a clash of blades through faulty steering. This cost Guy's one length, but a spurt at Chiswick bridge brought them to within half a man of the opposition. However, as so often happens, the traditional "Guy's fade" came within the last 15 strokes, giving a verdict of a canvas to St. Thomas's.

Crews:—"A": Bow (stern), G. W. H. Stygall; 2, K. Thompson; 3, G. Jackson; stroke, J. Dalziel.

"B"—Bow (stern), N. Bax; 2, A. Batch; 3, J. Pook; stroke, J. C. Miller.

Junior Four

In the first heat the Junior IV came against the Royal Dental Hospital. After being three-quarters of a length down at the start, they managed to hang on grimly and pull back to a half length lead at Quintin B.C. As they went under Chiswick bridge, the gap had narrowed and both crews were neck and neck. Fortunately, Guy's managed to find a reserve of energy and took her home with a three-quarter length lead. In the semi-final, Guy's were outclassed by a very experienced London Hospital, who beat them by about two lengths before going on to win the final by about the same margin.

Crew—Bow, J. Ruddock; 2, M. Gleeson; 3, J. Bates; stroke, M. Denyer; cox, R. Ashman.

Senior Sculls (P. N. Gooder)

First heat v. C. Cobb (St. Bart's). After jumping the start and lucky not to be disqualified, Gooder lost any lead that he may have gained, and Cobb was leading by half a length after the first minute. This was held to Chiswick bridge, when Gooder piled on the power to win by one length.

2nd heat v. P. L. Thomas (St Thomas's). Here Gooder had to face tough competition with the stroke of this year's Olympic VIII. Thomas led at the start, only to be overtaken by Gooder, who led by three quarters of a length after two minutes. Unfortunately, Gooder hit rough water just under half-way, and Thomas went on to win by three lengths.

Rugger Four

v. U.C.H., St. Mary's Hospital (final). This crew, composed of some of the more "experienced" members of the Boat Club, did well to get into the final. For the first few strokes they were still in with a fighting chance. Unfortunately, the "Guy's fade" came a little earlier than expected, and stroke John Skuse did well to keep his crew within four lengths of the opposition. Verdict: St. Mary's Hospital by about four lengths.

Crew—Bow, J. Williams; 2, A. Hodgkison; 3, M. Mace; stroke, J. Skuse; cox, N. Dawes.

Novice Fours

These two fours had been closely coached over the term, and it was the Novice "B" crew who took the honours for Guy's in the regatta. The "A" crew v. London "A" had a tough race, but eventually proved the victors by 1½ lengths, only to be beaten in the next round by Bart's "A." The "B" crew completely hammered all the crews in their heats, beating Bart's "B" by 3 lengths, Mary's "A" by 1½ lengths, R.D.H.A. by 3 lengths, and the final, against Bart's "A," by 4 lengths. The final was taken very easily with a broken Bart's blade held as a trophy before the race. Our thanks go to Doug. Gurney, who helped coach these crews and enable us to win the trophy.

Crews—"A": Bow, R. Newton; 2, M. Brownjohn; 3, R. Pinkney; stroke, M. Homes; cox, R. Stanley.

"B": Bow, H. Fuller; 2, M. Wink; 3, C. Willis; stroke, A. Ford-Jones; cox, M. Brownjohn.

AWARDS OF BLUES

At a Blues Committee meeting the following recommendations for Blues were made :—

RUGBY FOOTBALL

Full : C. Neville, D. Curson, J. Price, J. Ross, J. Novak.
Half : P. Williams, M. Cheesborough, M. Forbes, W. Davies.

ASSOCIATION FOOTBALL

Full : R. T. Davey, D. Lindridge.
Half : D. Jacobs, I. McClure, J. Wood.

SQUASH CLUB

Full : A. Thompson.

ATHLETICS

Full : J. Price, F. Nwator, B. Hartley.
Half : A. Fallowfield, J. Shutes, B. O'Keefe.

SWIMMING AND WATER POLO

Half : J. Wood, D. Davidson.

HOCKEY

Full : S. N. Cripps, R. W. Kendrick, C. R. Pearson.
Half : M. Vellacott.

CRICKET

Full : R. J. Beacham, D. Crafts.
Half : A. J. Gillham.

GOLF

Half : D. L. Davies.

TENNIS

Full : R. Machel.
Half : N. Cavanagh, K. Eaton.

BOAT CLUB

Full : M. Mace, R. Forrest, T. Kirk.
Half : N. Bax, P. Moulder, N. Pinckney, C. Woodhouse.

LADIES' CLUBS

Athletics : Miss R. Dow.

I. J. Morgan, Hon. Secretary, Blues Committee.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar** in Venereology (four sessions) with appointment as soon as possible. Forms of application are obtainable from the Superintendent, and should be returned not later than **31st December, 1968.**

GUY'S HOSPITAL

Applications are invited for the post of **Senior Medical Registrar,** with appointment until 30th September, 1969. Forms of application may be obtained from the Superintendent, Guy's Hospital and should be returned not later than 31st December, 1968.

RESULTS

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Final Examination, November, 1968

Beddington, A.
Budd, R. A.
Carnegie, M. J.
Cran, S.
Danischewsky, N. C.
Henfrey-Smith, W. S.
Hosgood, A. E.
Johnson, D. M.
Paul, C. A.
Roberts, M. L.
Simmons, J. McK.
Waller, S. B.
Wardingley, G. M.

Credit

Wells, L. A.

Final State Examinations Results—October, 1968

The following Nurses have passed the examination:—

1952 Syllabus

Ash, J. J.
Atkinson, A. R.
Blockley, J. G.
Bloom, J.
Brenton-Coward, H.
Chapman, C. A. M.
Cocks, E. J.
Cole, G. M.
Cooper, E. A.
Danaher, M. P.
Edwards, A. D.
Elsey, B. A.
Gates, A. M. D.
Geraghty, J. E.
Grimes, J. K.
Guilding, M. E.
Hewlett, R. J.
Jones, C
Kitchener, C. C.
Kong, S. H.
Li, J.
Lucas, J. W.
Mills, M. R.
Robinson, E. C.
Rushton, A.
Ryman, C. M.
Sainsbury, M. S.
Seaman, R. E.
Tilley, R. M.
Wagstaffe, M. F.

1962 Syllabus

Andrews, S. E.
Barlow, V.
Benbow, M. A.
Birch, J. A.
Bracegirdle, G. S.
Bradley-Watson, V. A.
Burke, M. P. A.
Butcher, F. J.
Byles, E. M.
Davies, D. A.
Deans, H. A.
Drake, B.
Fisher, L. A.
Heron, J. P.
Hobbs, M. C.
Howard, E. M.
Isherwood, E. J.
Jones, J. A.
Kelk, C. M.
Lakeman, A. W.
Langton, S. A.
Lillington, E. V.
Lobb, J. M.
Macrae, J. C.
Milner, A. C.
Mordue, P. E. H.
Pace, C.
Price, D.
Purdie, A. M.
Rolston, L. M.
Rowland, L. C.
Shepperson, M. J.
Stapleton, J. O.
Stevenson, J.
Thomas, S. M.
Thompson, V. C.
Trinder, C.
Vine, E. M. J.
Walter, P

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.R.C.S.

M. E. Blacklee
S. A. L. Ceesay
J. S. Gregson
P. K. Peace
P. G. Ransley
G. F. Rushforth

F.F.A.

T. J. Harris
D. J. Openshaw
T. E. Healy

SOCIETY OF APOTHECARIES OF LONDON

Surgery

*M. J. Cheesbrough

UNIVERSITY OF LONDON

Ph.D.

P. T. White

2nd M.B., B.S.

A. R. Valentine

3rd M.B., B.S.

Pass

R. Aumeerally
J. K. Bell
M. W. M. Bridger
C. N. H. Cawthorne
P. V. F. Cosgrove
I. G. Crossman
N. Curry
G. M. Edwards
Sara J. Endean
R. D. Forrest
C. E. L. Freer
J. R. L. Froude
I. R. O. Gordan
C. I. P. Havers
W. C. Hughes
M. C. E. Hutchinson
S. B. Janvrin
J. N. MacLean
Alison E. J. Moore
B. Naylor
S. O'Connell
Ong Cheng Seong
Mary E. Opie
E. A. O. Orebiyi
B. J. Rowlands
R. Spicer
R. C. H. Taylor
J. H. Tripp
J. A. Vale
I. K. Weir
J. G. Wheeler
I. V. Whitmore
C. J. C. Willard

Part 1

J. N. B. Allen
D. A. G. Barford
D. F. Brown
Julia A. Brydone
F. M. C. Carter
J. J. M. Choat
G. McL. Cochrane
N. P. W. Coe
G. A. Corbett
R. E. Cowan
J. C. Cutting
P. J. Davenport
W. H. Franklin
P. J. Gravett
D. G. Healey
T. G. Howard
E. G. Humphrey
Teresa Ivanans
D. J. Jolley
J. B. L. Kabuubi
T. T. Khonje
D. J. Lipscombe
T. M. Lynch
T. P. McCarthy
R. J. Machell
D. Ogilvie
W. J. Owen
N. B. M. Pereira
J. G. Proud
R. C. Quinnell
A. M. Seal
D. F. Shelley
J. R. Stoneham
G. W. H. Stygall
R. J. Von Witt
P. J. Whorwell
I. E. C. Wilkinson
J. Woodland

Part 2

J. R. Dare
C. A. Kekwick
A. C. W. Matheson
V. G. Williams
P. C. V. Ramage
Ruth Seifert
R. S. Smith

Part 3

R. S. B. Bramwell
J. R. Dare
Teresa Ivanans
C. A. Kekwick
A. C. W. Matheson
R. M. Pickles
P. C. V. Ramage
V. G. Williams

Part 4

Teresa Ivanans
A. C. W. Matheson
C. A. Kekwick

PERSONAL

ALARM CALLS—Only 3d. 01-437 2312.

ASSISTANT required in busy dental practice in Streatham, starting January. Pleasant surroundings, good equipment, chairside assistance. Tel: POL 4340.

ASSISTANT required by general practice in Bucks. for six months or a year. Suit newly qualified male or female. Tel: Amersham 267 preferably after 8 p.m.

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CHANGES OF ADDRESS

Mr. P. M. Benzies, Orthodontic Dept. Dental School and Hospital, Blundell Street, Leeds, 1.

Dr. H. P. Brown, Blackburn House Farm, Tanners Lane, Heskin, Nr. Chorley, Lancs. Tel. Eccleston 224.

Dr. Anne Kenshole, 15 Westgrove Crescent, Toronto, 12, Ontario, Canada.

Dr. J. Leyshon, "Trewern", Craig-Y-Dow Road, Bangor, Wales.

Dr. and Mrs. I. C. Perry, The Old Farm House, Grateley, Nr. Andover Hants. Tel: Grateley 659.

Sister M. Phillips, 180, Balfour Road, Ilford, Essex.

Dr. and Mrs. G. M. Preston, 25, Finsen Road, Camberwell, S.E.5.

John F. Sharp, Esq., 40, Berners Street, Ipswich.

Surgeon Lt. and Mrs. Richard Sharp, Headquarters, 42 Commando, Royal Marines, BFPO 16 4.

BIRTH

HARRISON—On 1st November, 1968, at Dulwich Hospital to Lincoln Peter Harrison, L.D.S., B.D.S., and Hazel, a son, Lincoln Derek Damian.

MARRIAGE

SHARP—GUNN—On November 6th, Surgeon Lt. J. R. C. Sharp, R.N. to Jennifer Ann Gunn quietly at Guildford, prior to their departure for Singapore.

DEATHS

MARTIN—On November 5th, 1968, at his home in Barnstaple, North Devon, Francis John Hensley Martin, M.R.C.S., L.R.C.P., D.P.H., at the age of 92.

SHIPWAY—On November 30th, 1968, Sir Francis E. Shipway, K.C.V.O., M.A., M.D., F.F.A.R.C.S., formerly Consultant Anaesthetist to Guy's Hospital, aged 92.

PAPERS BY GUY'S MEN

Batty Shaw, A. Oldest medical societies in Great Britain. *Med. Hist.*, 1968, **12**, 232.

Bron, A. J. Anterior corneal mosaic. *Brit. J. ophthalmol.*, 1968, **52**, 659.

Calne, R. Y. & another. Liver transplantation in man. I. Observations on technique and organization in five cases. *Brit med. J.*, 1968, **4**, 535.

Calne, R. Y., Sells, R. A. & others. Liver transplantation in man. II. A report of two orthotopic liver transplants in adult recipients. *Brit. med. J.*, 1968, **4**, 541.

Coulson, A. S. The tuberculin receptor site on sensitized human lymphocytes. *J. theoret. Biol.* 1968, **20**, 112.

Coulson, A. A. Lymphocyte culture in agar. *Lancet*, 1968, **1**, 89.

Coulson, A. S. & Chalmers, D. G. Response of human blood lymphocytes to tuberculin P.P.D. in tissue culture. *Immunology*, 1967, **12**, 417.

Coulson, A. S. & others. Lack of demonstrable Ig G in phytohaemagglutinin—stimulated human transformed cells cultured in a serum-free medium. *Transplantation*, 1967, **5**, 547.

Falconer, M. A. & Taylor, D. C. Surgical treatment of drug-resisistant epilepsy due to mesial temporal sclerosis. *Arch. neurol.* 1968, **19**, 353.

Furtado, D. & Gorrill, R. H. In vivo effectiveness of the antibiotic colistin on preventing growth of pseudomonas aeruginose. *J. Path. Bact.*, 1968, **96**, 65.

Gorrill, R. H. Susceptibility of the kidney to experimental infection. In *Urinary Tract Infection*, *ed.* O'Grady & Brumfitt, O.U.P., 1968.

Gorrill, R. H. & McNeil, E. M. Problem of staphylococcal lodgement in the mouse kidney. *J. Path. Bact.*, 1968, **96**, 431-41.

Kelsey Fry, I. & others. Estimation of sodium diatrizoate by absorption spectrophotometry. *Invest. Radiol.*, 1968, **3**, 271.

Levin, B. & others. Glycogen storage disease type IV, amylopectinosis. *Arch. Dis. Childh.*, 1968, **43**, 548.

Lorber, J. & another. Primary congenital hydrocephalus: long-term results of controlled therapeutic trial. *Arch. Dis. Childh.*, 1968, **43**, 516.

Meadow, S. R. & Boucher, B. J., Mashiter, K., King, M. N. R., & Stimmler, L. Growth hormone secretion in subjects with ovarian dysgenesis and Turner's syndrome. *Arch. Dis. Childh.*, 1968, **43**, 595.

Proctor, E. & Parker, R. Preservation of isolated heart for 72 hours. *Brit. med. J.*, 1968, **4**, 296.

Rake, M. & Others. Experiment in progressive patient care. *Brit. med J.*, 1968, **3**, 794.

Rees, R. J. W. Recent applications of experimental methods to the study of the pathogenesis of leprosy. *Dermatologia Internat.*, 1967, **6**, 216.

Rees, R. J. W. & others. The production of experimental lepromatous leprosy in mice. *prac. 3rd. Malaysian Cong. Med.*, 1967, **3**, 95. (Academy of Medicine, Malaysia, Kuala Lumpur).

Rees, R. J. W., & others. Sulphone resistant leprosy. *Proc. 3rd. Malaysian Cong. Med.*, 1967, **3**, 99. (Academy of Medicine, Malaysia, Kuala Lumpur).

Rees, R. J. W. & others. Studies on sulfone resistance in leprosy. III. A case of "partial" resistance. *Internat. J. Leprosy*, 1968, **36**, 171.

Rees, R. J. W. & others. Comparison in man of lepromins prepared from leprosy infections in man and mice. *Clin. exp. Immunol.*, 1968, **3**, 809.

Ross, D. N. & others. Effects of extracorporeal circulation on left ventricular function with and without anoxic arrest. *J. Thorac. cardiovasc. Surg.*, 1968, **56**, 395.

Sedgwick, J. P. New thoughts on Obesity and its treatment. *S. African J. Med.*, 1968.

Tanner, Elizabeth R. & another. Physiotherapy in general practice. *Practitioner*, 1968, **201**, 933.

Wright, P. A method for the immunoassay of insulin. *Diabetes*, 1968, **17**, 537.

NOTICE

The Physics Department of the Medical School is having an open day on Monday, January 6th, 1969. There will be demonstrations of research in progress, including work done in collaboration with other departments. An invitation to visit the demonstrations is extended to all members of Staff of the Hospital and of the Medical and Dental Schools, and to all students.

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